

**ESCAP
2022**



MAASTRICHT
• NETHERLANDS •

19TH INTERNATIONAL CONGRESS OF ESCAP MAASTRICHT

NETWORKS IN CHILD AND ADOLESCENT PSYCHIATRY

ABSTRACT BOOK



19-21 JUNE 2022
ESCAP2022.EU

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Keynotes



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Did we take the right train in promoting the concept of 'Neurodevelopmental disorders'?

Abstract ID: 18

Presenting author: Bruno Falissard, *Université Paris-Saclay Public Health Paris, FRANCE*

Background/Objective

The notion of neurodevelopmental disorder emerged at the beginning of the 21st century and quickly became a widely used concept in child and adolescent psychiatry. It reassures us about the etiology of mental disorders and has a certain theoretical consistency. However, it raises many questions: clinical, sociological, and epistemological.

Method

Historical review of the concept of neurodevelopmental disorder followed by an epistemological perspective.

Results

From a clinical point of view, the most severe forms of ASD, ADHD, intellectual disabilities, or specific learning disorders are indeed compatible with the definition of an NDD. However, this is no more true for the mildest forms of these phenotypes. Psychiatrists and society accept now that autism corresponds to a different way of existing, the intensity of which can vary in important proportions so that the same word "autism" can be used to label very different children. For some of them, invoking a problem of "biological maturation of the CNS" raises ethical concerns.

Conclusions

In psychiatry, there is a very sad history of pathologizing psychological differences. We should pay more attention to how our societies receive the concepts we develop.



Impairing Emotional Outbursts

Abstract ID: 27

Presenting author: Gabrielle Carlson, *Renaissance School of Medicine at Stony Brook University Psychiatry Stony Brook, UNITED STATES*

Background/Objective

A significant number of children and adolescents present to outpatient departments, emergency rooms, and inpatient units because they respond to relatively ordinary frustrations and disappointments with volcanic anger or distress. These emotional outbursts occur in the context of a number of different mental disorders (e.g., attention-deficit/hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, generalized anxiety disorder, post-traumatic stress disorder, mood and psychotic disorders) and are often the reason for families seeking treatment. To facilitate appropriate care for such children and adolescents, it is necessary to identify them reliably and communicate the nature of their problems with caregivers and other professionals. A consistent term with a practical definition

is needed along with clinically useful measures to identify the children, capture the dimensions of impairment and follow treatment progress. The term “Impairing Emotional Outbursts” is under consideration by DSM-5 and ICD10-CM to be coded as Other Conditions That May Be a Focus of Attention. Impairing Emotional Outbursts and would be defined as follows: “Displays of anger or distress manifested verbally (e.g., verbal rages, uncontrolled crying) and/or behaviorally (e.g., physical aggression toward people, property, or self) that lead to significant functional impairment.”

Method

My American Academy of Child and Adolescent Psychiatry Presidential Task Force spent two years compiling and distilling literature on concepts related to Outbursts. This will be reviewed.

Results

I will describe the phenomenology, measures, and current pharmacologic and psychosocial treatments for Impairing Emotional Outbursts.

Conclusions

By defining and measuring outbursts we hope to obviate inappropriate diagnoses and derive better treatments.



Pharmacotherapy in disruptive disorders

Abstract ID: 512

Presenting author: Tobias Banaschewski, *Zentralinstitut für Seelische Gesundheit Dep Child and Adolescent Psychiatry Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany, GERMANY*

Background/Objective

Disruptive behavior disorders (DBD), characterized by severe and persistent oppositional, hostile or aggressive behaviour, such as oppositional behavior disorder (ODD) and conduct disorder (CD), are among the most common reasons for referral of young children to child and adolescent mental health services. DBD frequently co-occur with other mental health problems, such as ADHD and emotional dysregulation or disruptive mood dysregulation disorder, and may seriously impact on the child's and family's daily life. DBD can often be associated with multiple functional impairments across the lifespan as well as with a high societal and economic burden. Holistic and accurate assessment is needed to address the specific needs of each child as DBD comprise highly heterogeneous groups of individuals with different core clinical features, developmental trajectories and aetiologies. The lecture will focus on psychopharmacological management strategies for DBD children with and without comorbid disorders in different developmental periods as reflected by international evidence-based guidelines. Stimulants and atypical antipsychotics are the most frequently studied and used medications in individuals with DBD and high levels of reactive aggression and severe emotion dysregulation. While DBD should primarily be treated using psychosocial interventions, medication is indicated in some instances and will be outlined in detail.

Method

n/a

Results

n/a

Conclusions

n/a



Addressing trauma and adversity in children and adolescents in global settings

Abstract ID: 617

Presenting author: Marit Sijbrandij, *Vrije Universiteit Clinical, Neuro- and Developmental Psychology Amsterdam, THE NETHERLANDS*

Background/Objective

Large-scale conflicts worldwide, such as the conflicts in Ukraine and Syria, have led to unprecedented numbers of people that left their countries for a safer place. Currently, over 20 million people worldwide are refugees, of which approximately 40% are children. Refugees have often experienced traumatic events in the country where they fled from and during the flight. In refugee camps, or arrived in the countries of resettlement, they may be exposed to ongoing living difficulties social disadvantage and uncertainty. In addition, the COVID-19 pandemic has caused mental health problems worldwide to increase, with people in low and middle income settings and young people more affected.

Method

Access to evidence-based mental health care interventions in humanitarian settings is limited. Scalable low-intensity interventions have been developed that can be administered by non-professional helpers.

Results

This keynote lecture will focus on the prevalence and predictors for mental disorders in children exposed to adversities, and mental health and psychosocial support strategies to address common mental health disorders among refugee children, and children and adolescents in humanitarian settings. Recent findings from the EU H2020 STRENGTHS project will be presented, focusing on scalable psychological programmes delivered by non-professional helpers for Syrian refugees.

Conclusions

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MENTAL HEALTH ISSUES YOUTH

Abstract ID: 622

Presenting author: Arne Popma, Amsterdam UMC Department Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

To improve our conversations/treatments of youth by taking care of what bothers young people. To trigger/awake professionals how to deal with shared decision making and youth participation on all levels. To promote taking our societal responsibility to give voice to young people

Method

Input of Mc Kinsey survey, focusing on 'generation Z'. The survey concerns mental health issues of youngsters in 6 European countries. The results will be compared with earlier results on the survey in US. Input of two working sessions Sunday morning 19th : 9 – 10.30 AM and 11.00 – 12.30 AM. In these sessions, we explore youth participation at a local, institutional, national and international level: how to deal in networks of Child and Adolescent Psychiatry with what is bothering youth? These working sessions will be structured as design workshops in which issues are ordered along: problems; solutions and 'how to get on'. Particular focus will be on global context issues as Covid, War Oekraine and climate issues. The input of the workshops will be presented during the policy debate by means of live cartooning.

Results

The input of the morning sessions (including input Mc Kinsey survey) determine the agenda of the policy debate. Solutions and 'how to get on' are discussed in the local and institutional setting/context and the national and international context.

Conclusions

Joerg Federt will summarise the conclusions and recommendations of the debate. He also points out how to deal with the results as ESCAP community in the coming years.

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Policy, politics, and youth mental health - Playing our part in a global challenge

Abstract ID: 624

Presenting author: Bernadka Dubicka, *Hull and York Medical School, University of York, UK*
Child and Adolescent Mental Health Manchester, UNITED KINGDOM

Background/Objective

Our young people are living in a time of geopolitical crisis, rising levels of poverty, unprecedented demand on mental health services, and with rapid changes in technology and to our planet. This talk will reflect on the role of child and adolescent psychiatrists in this challenging landscape, arguing that we all need to be leaders in an interconnected, global community of care, working collaboratively with families to amplify their voices and seek justice for children and young people.

Method

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Results

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Conclusions

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State of the art



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Predicting Individualized Risk for Mood Recurrences in Youth and Adults with Bipolar Disorder

Abstract ID: 15

Presenting author: Boris Birmaher, *University of Pittsburgh Medical School Psychiatry PITTSBURGH, UNITED STATES*

Background/Objective

With each recurrence, the prognosis of bipolar disorder (BP) worsens. The existing data on risk factors for mood recurrence pertains to the group as a whole, but the course of BD is highly heterogeneous, suggesting that these varied trajectories result from a complex interaction of factors. Thus, the need for tools to predict mood recurrences for a specific individual.

Method

In a sample of 363 BP youths (8-18 y.o) followed on average every 9 months , a Risk Calculator (RC) was built using factors that have been associated with increased risk for mood recurrences. The RC was analyzed using standardized analytic techniques and validity analyzed using area under the receiver operating characteristic curve (AUC). The results were validated in a sample of 258 BP adults followed for a median of 24.9 years

Results

The 5-year RC for BP youth showed an AUC of 0.82 for any recurrences and 0.89 to 0.80 for hypo/manic and depressive recurrences, respectively, and a sensitivity and specificity both at 0.74 with a positive predictive value of 0.78. The RC was validated in the adult BP sample with an AUC of 0.77 for any recurrence and AUCs between 0.72 and 0.81 for hypomania/mania and depression, respectively.

Conclusions

Using factors that are readily available in clinical practice, the proposed RC offers a potentially useful clinical and research tool to predict the individual progression of the illness and guide treatment in youth and adults with BP.



Development, evaluation and dissemination of cognitive behavior therapy for adolescents with eating disorders

Abstract ID: 16

Presenting author: Riccardo Dalle Grave, *Villa Garda Hospital Department of Eating and Weight Disorders Verona, ITALY*

Background/Objective

Enhanced Cognitive Behaviour Therapy (CBT-E), originally designed for the treatment of adult patients

with eating disorders, has demonstrated efficacy in adults with anorexia nervosa (AN) and bulimia nervosa (BN). CBT-E has recently been adapted for use with adolescents with eating disorders,

Method

The effectiveness of CBT-E has been evaluated in cohort studies of patients aged between 13 and 19 years. Two studies included adolescents with severe AN, and one was of adolescents who were not underweight with other eating disorders.

Results

The promising results obtained by these studies led the National Institute for Health and Clinical Excellence to recommend CBT-E for adolescence as an alternative to Family Based Treatment (FBT) both for AN and BN. A recent trial has also shown that CBT-E achieved a similar outcome of FBT at 6- and 12-month.

Conclusions

CBT-E has several advantages. It is acceptable to young people, and its collaborative nature is well suited to ambivalent young patients who may be particularly concerned about control issues. The transdiagnostic scope of the treatment is an advantage as it can treat the full range of disorders that occur in adolescent patients. Future studies should establish further the utility of CBT-E (e.g., clarifying the relative effectiveness of CBT-E and FBT in the treatment of younger patients) and maximize the dissemination of CBT-E (e.g., training more therapists using digital training).



Social-affective engagement in adolescence

Abstract ID: 24

Presenting author: *Eveline Crone, Erasmus University Rotterdam Erasmus School of Social and Behavioral Sciences Rotterdam, THE NETHERLANDS*

Background/Objective

Adolescent development is often examined as a period of risks and opportunities, given that brain development continues into the early twenties in interplay with social experiences.

Method

In this talk I will present evidence that the same neural sensitivity that contributes to risk-taking also contributes to prosocial behavior towards others.

Results

These findings suggest a new interpretation of the elevated reward drive in adolescence. Possibly, the very same emotional reactivity that creates sensitivities for potential negative developmental trajectories (including risk for substance abuse, delinquency, social anxiety, or depression) may under other circumstances create opportunities for positive developmental trajectories – such as by fostering social sensitivity, cooperation, sharing and helping.

Conclusions

The current COVID-19 crisis has unprecedented effects on social experiences in adolescence. In the second half of the talk, I will present novel findings based on brain science, survey research and youth focus groups, suggesting that prosocial experiences during the COVID-19 pandemic are crucial for developing into contributing members of society, and the implications of the current crisis on these opportunities.



Various faces of harsh and violent parental practice: past, present and future

Abstract ID: 26

Presenting author: *Milica Pejovic Milovancevic, Faculty of Medicine, University of Belgrade Department of Psychiatry, Institute of Mental Health Belgrade, SERBIA*

Background/Objective

Harsh and violent parental practice has for long been a significant issue of public and scientific interest due to its adverse effects on development and lifetime health of children and adolescents. This has led to considerable efforts in preventive parenting programs and campaigns across the world, with a legislative support in a number of countries. However, this kind of parental practice and its outcomes are still ongoing, posing a new question – what are the barriers to substantial improvements?

Method

This lecture is aimed to present a historical overview, the current state and the future perspectives regarding this question.

Results

The look into the preventive efforts in the past may give us the overview of the existing preventive activities and help us understand how the preventive concepts were developed. The look into the current rates and forms of harsh and violent parental discipline may help us grasp what worked well and why, what didn't work and why, and what may still be missing. Finally, the conclusions of the past and the present lead to new ideas and may suggest where we should go from here.

Conclusions

The past, the present and the future of the combat against harsh and violent parental discipline will be reflected through the Serbian experience, showing the developmental road to the current efforts in forming a new paradigm and a new methodological concept in prevention, which we hope will provide substantially transformative effects.

Co-authors:

Marija Mitkovic Voncina, Institute of Mental Health Clinic for Children and Youth Belgrade, SERBIA



Critically examining the networks of play and prevention in child and adolescent mental health.

Abstract ID: 34

Presenting author: Paul Ramchandani, *University of Cambridge Faculty of Education Cambridge, UNITED KINGDOM*

Background/Objective

The case for prevention and early intervention in mental health is well established and the potential benefits in health and economic terms are frequently stated. Yet, progress in the widespread implementation of effective prevention is slow and challenging.

Method

In this talk I wish to examine some of the evidence for prevention and early intervention drawing on a range of evidence, including new randomised controlled trials such as the Healthy Start Happy Start trial and the inclusion of positive everyday interventions such as play.

Results

Early intervention and prevention efforts have to go beyond Child and Adolescent Mental Health Services. As well as trying to redress risk factors in those at higher risk, we also have to examine ways to promote behaviours and environments that promote positive factors.

Conclusions

As well as having positive news about new interventions that could prevent mental health problems, I will also explore the role of play in the promotion and treatment of child mental health.



Genetics & Clinical Practice In Child Psychiatry: Two Worlds No Longer Apart.

Abstract ID: 35

Presenting author: Jacob Vorstman, *The Hospital for Sick Children Psychiatry, Genetic & Genome Biology Program Toronto, CANADA, University of Toronto Psychiatry Toronto, CANADA*

Background/Objective

Genetic testing is rapidly becoming part of our routine diagnostic toolkits in medicine, including, and

perhaps in particular, in pediatric medicine. Several converging developments lead to an increasing and inevitable impact on our clinical practice of child psychiatry.

Method

First, the decreasing cost along with the growing diagnostic yield of methods to query the human genome. Together, they foster the uptake of genetic testing in pediatric practice, thereby contributing to a growing library of genetic variants associated with disease risk.

Results

Second, the observation that many genes are involved in more than one biological process. This phenomenon, referred to as pleiotropy, is of particular relevance to psychiatry. The complexity of brain development implies the involvement of many genes. Consequently, pathogenic variants associated with physical conditions can also influence the brain, manifesting as neurodevelopmental / psychiatric phenotypes. Further adding to the complexity, these variants are frequently identified early in life but typically do not lead to these phenotypes in each carrier (“variable penetrance”).

Conclusions

I will review the state-of-the-art of genetic findings pertinent to child psychiatry, including the importance of pleiotropy and variable penetrance, and discuss how these advances in genetic knowledge inevitable influence - or should influence – our clinical practice as child psychiatrists.



Embedding the brain to its social ecology: a challenge to conduct disorder research

Abstract ID: 99

Presenting author: Essi Viding, *University College London Psychology and Language Sciences London, UNITED KINGDOM*

Background/Objective

In this talk I will provide a brief overview of neurocognitive and genetically informative research into conduct problems. I will use this overview as a framework for considering how atypical neurocognitive functioning may serve to generate and maintain maladaptive social interactions. I will argue that neurocognitive studies can inform our understanding of individuals as active agents in the generation of particular social ecologies and that unlocking the mechanisms of gene-environment correlation and environment-environment correlation will be of key importance. Advances in this area of research have scope to inform theoretical understanding, as well as interventions designed to help children at risk of developing a disorder and their families.

Method

n/a

Results

n/a

Conclusions

n/a



State of the art lecture: « Tic disorders and obsessive compulsive disorders : Clinical presentation, etiology and treatment »

Abstract ID: 294

Presenting author: Kerstin Jessica von Plessen, *Universityhospital of Lausanne Division of Child and Adolescent Psychiatry, Department of Psychiatry Lausanne, SWITZERLAND*

Background/Objective

Tourette syndrome (TS) and Obsessive-compulsive disorder (OCD) are common childhood-onset disorders. They share characteristics and specificities, which warrants a common perspective on them. This presentation will focus on the phenomenological presentations of the two disorders within a dimensional framework and their current place in the diagnostic classifications. The importance of developmental aspects of both entities will be underlined, as well as a focus on their comorbidity with other childhood disorder, but also mutually with each other. Moreover, important recent etio-pathological studies and their relevance for treatment will be referred, such as research from neuropsychology, genetics and immunology among others. I will further present recent studies on differentiated influences of the COVID crisis on individuals with TS and OCD, as well as observations of increased “Tic-like behaviours”. Finally, I will present summative evidence for the effect of manualised cognitive-behavioural therapy (CBT) for TS and in OCD and its clinical effectiveness, indications and limitations, including the documentation of the effectiveness of online CBT. Meanwhile, the role of medications is not as well documented. They should, however, not be underestimated as facilitating the effects of CBT, in clinically emergencies, when CBT is not feasible, or not effective.

Method

x

Results

x

Conclusions

x



Are psychiatrists trained to mind the gap between child and adult services?

Abstract ID: 614

Presenting author: D. Purper-Ouakil, *Centre Hospitalier Universitaire de Montpellier Saint Eloi Hospital Montpellier, FRANCE, CESP INSERM U 1018 UVSQ Psychiatry Development and Trajectories* ,

Background/Objective

Transition between Child and Adolescent- and Adult Mental Health services requires a coordinated and patient-centred process. Barriers to optimal transition are the lack of effective evidence based interventions and poor cooperation between services. Psychiatrists' postgraduate training may be one of the facilitators to improve transition planning and continuity of care.

Method

A systematic review of the literature and two surveys have been conducted during the Milestone project to gain insight as regards transition training and related topics during psychiatrists' specialization curriculum. We will report about both theoretical and practical training contents as described by trainees, faculty members and in the literature.

Results

Trainees from 36 European countries report that only 27% have good knowledge in transitional care while a majority had to take care of adolescents and young adults. They reported having had theoretical and practical training about transition and related topics in 17% and 28% of cases respectively. The survey among faculty showed that transition is a mandatory topic in the AP curriculum of 5% of the countries and in the CAP curriculum of 24%. Cross-training opportunities across child/adolescent and adult psychiatry are variable and depend on the training models of the different countries. The paucity of theoretical and practical content as regards topics relevant for transition such as developmental aspects of psychopathology in adolescents and young adulthood, working with families, transition planning are confirmed by the literature review.

Conclusions

Specific transition-related training contents are limited during specialization training in Europe. The discussion is oriented towards suggestions to improve transition training, appropriate assessments and patient-oriented guidance.

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Efficacy and implementation of digitalized child mental health interventions

Abstract ID: 618

Presenting author: Andre Sourander, Turku University Child Psychiatry Turku, FINLAND

Background/Objective

Parent training is the most effective approach to the psychosocial treatment of disruptive behavioral problems in childhood, and there is mounting evidence from randomized controlled trials (RCTs) that such initiatives reduce problems and improve parenting skills. The barriers to receiving parent training include the lack of trained staff that can provide interventions; the stigma related to receiving mental health treatment; and the difficulties of accessing and engaging in treatment in terms of costs, time, and location.

Method

Technology-based parent training programs can offer many benefits over traditional interventions, such as higher fidelity, greater accessibility, convenience, and reduced time and costs. We previously reported the 24-month follow-up study of RCT to provide an interactive Web-based parent training program with supplementary weekly phone coaching, the Strongest Families Smart Website (SFSW), using a population-based screening procedure. The study showed that the intervention resulted in significant reductions in the level of disruptive behavior problems among 4-year-old children and improved parenting skills.

Results

In this study, we implemented our aforementioned RCT study in primary health care settings to see how it would work in the real world. The first aim of this study was to compare certain child and family characteristics of the RCT intervention group with those of the first 882 families who received treatment during the primary care implementation phase. Both groups were based on population-based screening of 4-year-old children with high levels of disruptive behavior.

Conclusions

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'Shifting the Curve' revisited – new developments and challenges in ecological translation of public mental health provision

Abstract ID: 620

Presenting author: Ulrich Reininghaus, Central Institute of Mental Health Public Mental Health Mannheim, GERMANY

Background/Objective

In recent years, the field of public mental health has received increasing attention in national and international research. However, a key challenge remains to map this field in its interdisciplinarity across the entire continuum of mental health in order to realize more fully its innovative potential for shifting the mental health curve at the population level.

Method

In the light of rapid societal transformations harnessing more fully the translational chain from bench to bedside or, much rather, to living environments and real-world settings appears ever more important, given that transferability, uptake, scalability, sustainability and, hence, public health impact of evidence-based innovations in mental health research remains limited. This state-of-the-art lecture will provide an overview of new developments and challenges in ecological translation of public mental health provision, with a particular view to young people as a priority target population.

Results

Ecological translation pursues the strategy to a) identify momentary risk and protective mechanisms, socio-environmental contexts and settings across the continuum of mental health and, b) translate this into novel digital interventions and services – ecological momentary interventions (EMI) in particular – that target these mechanisms, contexts and settings in real time and in individuals' living environments.

Conclusions

While promising in scope, particular attention needs to be paid to configuring digital interventions and services in such a way as to include, rather than marginalize, vulnerable populations, and reduce, rather than accelerate, social and ethnic inequalities in health. This and other challenges will be discussed in the light of directions for future research.



Revisiting Children and Adolescents living with PaRental mental Illness- CAPRI

Abstract ID: 621

Presenting author: Kathryn M Abel, *University of Manchester Centre for Women's Mental Health Manchester, UNITED KINGDOM*

Background/Objective

The children and adolescents of parents with mental illness (CAPRI) have been well-described across 3 decades of longitudinal research. However, the majority of information derived from those studies relates to the risk of CAPRI developing psychiatric disorders themselves; and/or whether they are likely to suffer with the same or different illnesses as their parents. This talk will shift the focus away from the heritability of mental illness towards aspects of these young people's lives about which we were previously less or unaware. This will include apparently simple knowledge about the prevalence of CAPRI and how it has been changing over time, at least in northern European populations. The latter half of the talk will question how we best approach intervention for CAPRI, occupying as they evidently

do a well-recognised high-risk group. Instead, I shall interrogate the benefits of public health, population-based versus targeted interventions.

Method

This ERC-funded programme uses high quality population data from the UK, Sweden and Western Australia to understand what happens to CAPRI over their lives in a range of health domains, focussing on physical health, social care and neurodevelopment.

Results

I shall present results from a series of completed, peer-reviewed and published studies between 2019-2022.

Conclusions

I shall conclude with data from interventions in high risk groups and population-based approaches in order to assess which approaches are most likely to benefit CAPRI.



What we think, how we feel: “cold” and “hot” executive functions in Neurodevelopmental disorders.

Abstract ID: 623

Presenting author: *Alessandro Zuddas, University of Cagliari Dept. epaDept. Biomedical Science- Section of Neuroscience & Clinical Pharmacology Cagliari, ITALY, “A. Cao” Paediatric Hospital Child & Adolescent Neuropsychiatric Unit Cagliari, ITALY*

Background/Objective

“Cold” and “hot” Executive Function (EFs) discriminate purely cognitive processes from those elicited by affective stimuli or emotionally salient situations where emotional and cognitive processes are integrated to generate behaviours.

Method

By an extensive battery of neuropsychological tasks for cold (IEDSS, RVIP, DMS from CANTAB) and hot EFs (including Face Affective Go/NoGo FAGNG, and Moral Judgment MJ from EMOTICOM) we compare youngsters with Autism Spectrum Disorder (ASD, aged 10-17 y, normal IQ) or with Oppositional Defiant/Conduct Disorder (CD/ODD) to matched Typically Developing Children (TDC).

Results

On “cold” EFs, ASD subjects were similar to TDC, CD/ODD subjects showed lower sensitivity to the target and higher latency in visual sustained attention task as well as a lower accuracy in matching and short-term visual memory task. ASD showed significantly lower affective bias compared to TDC (longer latency to detect sad target when happy distractors were presented) on FAGNG, whereas no difference was found between TDC and CD/ODD. In MJ both groups showed lower levels of annoyance when in the role of the victim of intentional/causal injustice and lower levels of guilt as agent of an intentional

injustice, compared to TDC. CD/ODD subjects also showed lower levels of shame and higher scores for feeling good as agent of intentional/causal injustice.

Conclusions

Deficits in cold EFs are present in CD/ODD. Anomalies in emotions reactions and moral judgment of social situations can be found in both clinical samples. Results from the comparison between the two clinical groups, relation with clinical characteristics and their clinical implications will be discussed



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Mapping the UASC's psychosocial needs and difficulties, and provision of MHPSS services in Greece

Abstract ID: 1

Symposium: S80 - Treatment profiles

Presenting author: Ioanna Giannopoulou, National and Kapodistrian University of Athens, School of Health Sciences Department of Medicine Athens, GREECE

Background/Objective

The study's aim was to map: (a) the psychosocial needs and difficulties experienced by unaccompanied and asylum-seeking and separated children (UASC) who live in long-term facilities in Greece, (b) the provided mental health and psychosocial support (MHPSS) services, and (c) the gaps, obstacles, and good practices in MHPSS service provision for this population.

Method

Purposive sampling was implemented to include all organizations providing long term accommodation to UASC across the country. The sample comprised 45 facility coordinators, 40 field psychologists, and 16 directors of CAMHS. A 5-W mapping tool (Who, Where, What, When, Which) was used to develop an online survey questionnaire to collect the data. Quantitative (descriptive statistics) and qualitative (content analysis) methods were used for data analysis.

Results

Data analysis pointed to the lack of a comprehensive, robust, well-coordinated, and periodically evaluated strategic plan to assess and support UASC with psycho-social or mental health difficulties. Although some good practices were identified for enhancing UASC's well-being, their psychosocial support is compromised by communication difficulties, lack of a shared care-philosophy among facility employees, and organizational challenges due to understaffing, job insecurity, and limited resources. Although a referral procedure is in place for UASC with mental health problems, long waits for an assessment and lack of effective procedures to assure follow-up, monitoring and evaluating the effectiveness of interventions, are issues that compromise the quality of support for UASC with mental health problems.

Conclusions

Organizational changes and development of effective collaboration strategies between all stakeholders involved in UASC's care is needed.

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Video Consulting within Child and Adolescent Mental Health Services in Wales throughout the COVID-19 pandemic

Abstract ID: 2

Symposium: S82 - COVID-19 Session 1

Presenting author: Alka Ahuja, *TEC Cymru Child and Adolescent Mental Health Services Newport, UNITED KINGDOM*

Background/Objective

COVID-19 impacted the way healthcare services operated in the United Kingdom, including Child and Adolescent Mental Health Services (CAMHS). There was a rise in digital innovations, such as Video Consulting (VC), throughout the pandemic to ensure safe and timely delivery of care. This study aims to investigate the use and value of VC within CAMHS throughout the pandemic and provides post-pandemic suggestions of VC use.

Method

As part of the roll out of Welsh Government funded TEC programme, over 30,000 participant responses were recorded across three phases of data collection: Phase One, the beginning of the pandemic (March – August 2020); Phase Two(a), mid-pandemic (September 2020– February 2021); and Phase Two(b), a taste of the use of VC as restrictions in the UK begin to ease (March – May 2021). There were 564 responses from CAMHS, including 249 patients and 315 clinicians.

Results

Overall, VC quality was rated Excellent, Very Good, or Good by 84.92% of respondents in CAMHS. VC prevented face-to-face appointments for 70.9% of all consultations, although this decreased from Phase One (81.4%) to Phase Two(b) (60.48%). Three common themes were revealed: patient convenience, technical issues, and the preference for face-to-face in specific circumstances, such as when children will not engage virtually, or when observations are needed.

Conclusions

Emerging from the pandemic, the data demonstrates that VC is an acceptable method, so long as technology is adequate, and the situation is appropriate.

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Psychotropic Drug Use Following a Terror Attack: An Interrupted Time Series Analysis Using Data from the French National Health Insurance Information System

Abstract ID: 6

Symposium: S80 - Treatment profiles

Presenting author: Alexis Revet, *Toulouse University Hospital Department of Child and Adolescent Psychiatry Toulouse, FRANCE*

Background/Objective

Data on the use of psychotropic medication after a terror attack are scarce and inconsistent. We conducted a quasi-experimental study with control series to estimate the short- and middle-term impact on psychotropic drug use in Nice, after the truck-ramming attack on July 14th, 2016.

Method

Data were extracted from a representative sample of persons affiliated to the French National Insurance Healthcare System. We used autoregressive integrated moving average (ARIMA) models to conduct a quarterly interrupted-time series analysis from 1 January 2012 to 31 December 2018, to examine drug use in the Nice geographic region vs. three control regions.

Results

Between 2012 and 2018, there was an overall decrease in the prevalence of psychotropic drug use for adults and for children and adolescents in the control areas, contrasting with an increase (+8%) in the Nice region, particularly marked in 2017 and 2018. The only visually detectable discrepancy between predicted and observed values was for the incidence of psychotropic drug use among children and adolescents (ARIMA (0,1,1) x (1,1,0)⁴ model with a non-significant Box-Ljung test [chi-square = 11.343; df = 24; p = 0.986]). This visual difference was not statistically significant in either step change (estimate ± standard error [SE] = 0.187 ± 0.228; p = 0.413) or slope change (estimate ± SE = 0.020 ± 0.056; p = 0.724).

Conclusions

We did not find a clear effect on the use of psychotropic drugs among children, adolescents, and adults in Nice and its surroundings following the 2016 terror attack.

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Monitoring of adverse drug reaction-related parameters in children and adolescents treated with antipsychotic drugs in psychiatric outpatient clinics

Abstract ID: 7

Symposium: S100 - Personalised pharmacological treatment

Presenting author: Lenneke Minjon, *Utrecht University Utrecht Institute for Pharmaceutical Sciences Utrecht, THE NETHERLANDS*

Background/Objective

To assess the frequency of monitoring of adverse drug reaction (ADR) related parameters in children and adolescents treated with antipsychotic drugs in psychiatric outpatient clinics and the considerations when monitoring was not performed.

Method

This retrospective follow-up study included 100 randomly selected outpatients aged ≤ 18 years who had a first prescription of an antipsychotic drug recorded in the electronic medical records of psychiatric outpatient clinics between 2014 and 2017. The frequencies of monitoring for physical and laboratory parameters were assessed, and subsequently stratified by the patient characteristics and by location of drug initiation. Additionally, this study assessed the considerations mentioned for not monitoring ADR-related parameters.

Results

Overall, physical parameters were monitored more frequently (weight: 85.9% during the first half-year) than laboratory parameters (glucose and cholesterol: both 23.5%). There were no significant differences in monitoring at least one physical and in monitoring at least one laboratory parameter during the baseline period and during the total follow-up between the patient characteristics. In total, 3% of the children and adolescents were never monitored for any physical parameter, and 54% never for any laboratory parameter. For a minority of the children (14.8%) who were never monitored for laboratory parameters, considerations were recorded in their medical records.

Conclusions

Monitoring frequencies of ADR-related parameters varied and especially monitoring of laboratory parameters was infrequent. Considerations why monitoring was not performed were rarely recorded. The optimal method of monitoring and documentation thereof should become clear to optimize the benefit-risk balance of antipsychotic drug treatment for each child.

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Adult and Child and Adolescent Psychiatrists' Experiences of Transition in Anorexia Nervosa: A Qualitative Study

Abstract ID: 9

Symposium: S99 - Eating disorders

Presenting author: Antoine Stocker, Toulouse University Hospital Department of Child and Adolescent Psychiatry Toulouse, FRANCE

Background/Objective

Patients suffering from anorexia nervosa (AN) frequently undergo transition to adult care, which is at risk of disengagement from healthcare. Using qualitative research methods, we propose an exploration of physicians' representation of the transition in AN to further understand this complex phenomenon, and help clinicians accompanying their patients.

Method

Using purposive sampling, we recruited 16 physicians confronted to transition in AN (adult psychiatrists, child and adolescent psychiatrists and pediatrician) and conducted semi-structured interviews, which were anonymized, transcribed, and analyzed following the thematic analysis framework.

Results

Three main themes emerged from our analysis. First, a shared acknowledgment of the transition's malfunction, where participants depicted transition as a dissatisfying, violent event. Second, the conception of AN as a disorder with specific needs, challenging the transition process especially regarding clinicians' engagement. Finally, the ideal transition conceived as a serene experience of separation, with an unanimous agreement on the necessity to start the transition depending on patients' needs rather than their age, in order to turn transitions into moments of care.

Conclusions

Our results are in line with other qualitative research studying transition in AN and in other chronic conditions, either focusing on healthcare workers, families, or patients. They also show a strong emphasis on anxiety, which is present throughout our themes, and differences in the way the patient's greater autonomy is perceived and accompanied depending on the clinicians' specialties. Accompanying autonomy, which is a cornerstone of the transition readiness concept, seems like a very efficient way to improve transitions in AN.

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Comparison of social atom diagram traits in Children and adolescents of age 7-17 having psychiatric disorders with general population

Abstract ID: 11

Symposium: S81 - Adverse environmental factors

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Background/Objective

The aim of the study was to evaluate the diagrams of social atoms in the study and control groups and to determine the links between their peculiarities and psychiatric disorders.

Method

We analyzed 332 social atom diagrams drawn on paper by participants, of which 274 were from the control group and 58 from the clinical group. All of the patients were treated during the period of 2019-12 – 2020-05 in Vilnius University Hospital, Child Development center. Both the diagram data like objects place in the sheet, their number, size, relative distances to each other and subject, relation type between subject and objects, and patients sociological data was collected.

Results

Clinical group drawn less relations and less positive ones than control group till 14 y.o. Clinical group drawn more ambivalent relations. Clinical group participants with increasing age draw less inanimate objects, pets were increasingly more important. We saw no difference in marking mother is social atom, but father was less drawn in clinical group. In control group marked themselves more in the centre of the sheet.

Conclusions

According to our results, there is a significant difference between the control and the clinical group. This supports the claim that the SoA method can be used as an additional diagnostic tool in clinical practice.

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A 6-Year-Old Boy with Foot Fetish and Feminine Behaviors: The Role of Psychoanalytically Oriented Play Therapy

Abstract ID: 20

Symposium: TCS1 - Trainee Case Session

Presenting author: Aslı Begüm Can Aydın, *Istanbul University Cerrahpasa-Cerrahpasa Faculty of Medicine Child and adolescent Psychiatry Istanbul, TURKEY*

Background/Objective

The idea that play in children replaces free association in adults is the main starting point that enables psychoanalytic psychotherapy with children. The therapy process of a 6-year-old boy who applied to our clinic with the complaints of wanting to wear women's clothes, wanting to play with girls' toys, exhibiting feminine behaviors, smelling and licking feet, hitting his mother, and encopresis will be discussed

Method

After the history taken from the family, the parent-child interview, and a single interview with the child, it was decided to follow the patient with psychoanalytically oriented play therapy twice a week. The patient was seen within the framework of psychoanalytic play therapy twice a week for 1.5 years and was followed up with weekly supervision.

Results

After 1.5 years of follow-up, it was observed that the patient's feminine behaviors decreased, the transition from passive structure to active structure, easy separation from mother, and decrease in conflicts in object relations. Along with the patient's desire to smell and lick the feet, the complaint of encopresis also disappeared.

Conclusions

Object relations are important for the child to give up his incestuous feelings towards the opposite sex and identify with the same sex in the oedipal period. With psychoanalytic play therapy, the problem of identification with the object and internal conflicts of the child in the developmental stages can be handled in the context of transference and countertransference.

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Prolonged exposure to violence: The effect of Post-Traumatic Stress symptoms and Sleep problems on Suicidal Thoughts and Behaviors among college students

Abstract ID: 22

Symposium: S85 - Families and Trauma

Presenting author: Sami Hamdan, *Academic College of Tel Aviv Yaffo Psychology Tel Aviv Yaffo, ISRAEL*

Background/Objective

Little is known about suicidal thoughts and behaviors (STB) in those exposed to prolonged political and domestic violence. Thus, this study aims to explore STB in a community sample of Palestinian students and to identify the extent to which clinical variables are associated with these behaviors.

Method

A cross-sectional design was utilized in this study and 303 college and university students aged 18-23 from seven campuses in the Palestinian territory voluntarily and anonymously completed self-report questionnaires that assessed 12 months of suicidal ideation and attempts, posttraumatic stress symptoms (PTSS), depression, anxiety, and sleep problems.

Results

The results showed high rates of suicidal ideation and attempts within the last 12 months, PTSS, depressive and anxious symptoms, and sleep problems compared to other college samples. A path analysis showed that PTSS had a direct effect on STB and indirect effects through its contribution to sleep problems and depressive symptoms.

Conclusions

The results emphasize the importance of routine assessment of sleep problems as a possible marker for suicidal behaviors along with screening for PTSS and depression. This may be a critical stage for suicide prevention efforts among students living under prolonged violent circumstances. The convenience sample and cross-sectional design limits generalizability and may underestimate the frequencies of suicidal ideation and psychiatric symptoms. Furthermore, objective measures are needed to measure sleep problems and diagnosing psychiatric disorders. Future studies should also assess the types of traumatic stress exposure and health risk behaviors to offer a more in-depth view.



Evaluation of an online-course for professionals on supporting transition of young people with mental illness from adolescence to adulthood (ProTransition)

Abstract ID: 23

Symposium: S107 - Organisation in CAMHS

Presenting author: Christina Stahl, *Universityhospital Ulm Child and Adolescent Psychiatry/ Psychotherapy Ulm, GERMANY*

Background/Objective

Young adulthood is a vulnerable phase for the development of mental illnesses. Additionally, there are often disruptions in psychiatric care delivery during the transition from child/adolescent to adult psychiatry services. Health care professionals should be trained in special challenges and needs of young adults with mental illness to be able to provide optimized and continued treatment. E-Learning can offer low threshold access for professionals to continuing education.

Method

We developed an online-course for health care professionals to give in-depth knowledge of “transition psychiatry” as well as practical guidance and to sensitize professionals for the topic. The online-course is evaluated in regard to its quality, the impact of course participation to practical work of probands and their gained competences regarding transition psychiatry. Probands fill out an online-survey before starting (t1) and after finishing (t2) the online-course. T1-assessment is already completed with 1924 datasets, t2-assessment will take place 02/2022.

Results

T1-assessment reveals high motivation of participants to learn about the topic and to implement transition-specific care services. Work background and setting of participants is very heterogeneous. Probands estimated their special knowledge about mental illnesses during transition age and about transition psychiatry as well as their confidence in accompanying transition processes on a medium level. Results of t2-assessment are expected in March 2022 and will be presented including comparing analyses.

Conclusions

There was high interest of the target group in participating in the online-course. Evaluation will show if the online-course is a helpful measure in delivering necessary knowledge and skills in transition psychiatry for professionals.

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Acompaña'm a novel multimodal intervention plan

Abstract ID: 25

Symposium: S105 - Innovative interventions for youth

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Background/Objective

This Unit, conceived as a pioneering model of intervention throughout the vital environment of children and adolescents, is the first of its kind in Catalonia but also Spain, as it is a part of the public health network. The Residential Educational Therapeutic Unit (UTER) Acompaña'm is a suprasectorial therapeutic and educational center for boys and girls under the age of 18 who have highly complex mental disorders associated with clinical, family and social vulnerability. Our main objective is to improve the quality of life in the physical, mental and social spheres through a model of biopsychosocial and community care that integrates health, social, family and educational care.

Method

The care model applied is based on the so-called "therapeutic coexistence units". That means 5 apartments are designed to encourage the active participation of residents with the professionals who attend them. The care team is made up of 45 professionals from different background all of them specialized in mental health: psychiatrist, psychologist, nurses, social workers, social educators, teachers, occupational therapist. The average stay: between 9 and 18 months of admission

Results

Since 2018, 70 children with high complexity mental illness have been attended. There is a post discharge follow-up of 6 months duration, to consolidate the recovery and integration of the person into the community, to the completion of the plan of treatment agreed between professionals and departments.

Conclusions

An intensive multimodal work can promote the psychopathological state, the search for the best educational and recreational resources, as well as increase integration into the community

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Case Report: Pseudohallucination in an Adolescent Girl with Gender Dysphoria

Abstract ID: 28

Symposium: TCS1 - Trainee Case Session

Presenting author: Beste Doğar Karaca, *Istanbul University Cerrahpasa- Faculty of Medicine Child and Adolescent Psychiatry Istanbul, TURKEY*

Background/Objective

Hallucinations are generally considered a sign of severe psychopathology, most commonly psychosis. However, studies describe "nonpsychotic hallucinations" that occur in adolescents who experience hallucinations without other core symptoms of psychosis. Our aim is to share that when we encounter hallucinative symptoms, we should not only think of psychosis and situations.

Method

A 12-year-old girl applied to the child psychiatry ward because of a 1-year history of talking with someone who has been seen just by herself. All diagnostic tests were normal including blood test, brain MR and sleep EEG. Revised Children's Anxiety and Depression Scales scores were high in terms of anxiety. Several private meetings revealed serious dissatisfaction related to not feeling female and secondary sex characters. Her family hadn't supported her decision and they had treated her humiliatingly. She was prescribed sertraline 100 mg per day for the high level of anxiety, and she was exposed to therapeutic interviews.

Results

After 2 months, her symptoms of pseudo-hallucination have disappeared. Her anxiety scores were decreased, she mentioned that she feels safe, and her mood was good.

Conclusions

Anxiety may be caused by overt or implicit critical and judgmental attitudes from the social environment and family, body image problems and not being able to accept the body. Hallucinative symptoms may indicate the severity of anxious states and therefore sertraline may have been beneficial. Social cohesion, self-esteem, and supportive attitudes of the environment can be effective in the prevention and treatment of psychiatric conditions accompanying gender dysphoria.

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Personality Risk Profiles and Adolescent Alcohol, Cannabis and Tobacco Use – a Panel Network Approach

Abstract ID: 31

Symposium: S80 - Treatment profiles

Presenting author: René Freichel, *University of Amsterdam Department of Psychology Amsterdam, THE NETHERLANDS*

Background/Objective

Four personality profiles (anxiety-sensitivity, hopelessness, impulsivity, sensation-seeking) have repeatedly been associated with adolescent substance use. However, a mechanistic account is lacking and the role that these risk profiles may play throughout adolescence remains largely unknown.

Method

Using a large longitudinal dataset (N > 2200), our study replicated a recently found link between network constellations of personality indicators and adolescent substance use. We used advanced symptom network and panel data models in parallel to examine the development of personality risk factors and substance use across four measurement time points throughout adolescence (age 13 - 22).

Results

The findings of our study suggest age- and substance-specific effects of personality indicators. We show that a sensation-seeking indicator (attitude towards transgression) is associated with alcohol, tobacco, and cannabis use throughout adolescence however alcohol abuse was shown to be associated with an impulsivity indicator at late adolescence only. We internally replicated the predictive effects of both sensation-seeking and impulsivity dimensions using mixed-effects models and SURPS dimensions network models. Importantly, we show that adolescent alcohol use leads to negative cognitions throughout adolescence.

Conclusions

Finally, using network and panel data models in parallel we provided insights into the contemporaneous, temporal, and between-subjects associations among personality indicators and alcohol use disorder symptoms. Our findings have implications for our understanding of personality as a risk factor and determinant of adolescent substance abuse.



Training approaches for professionals on the German national clinical guideline for NSSI in adolescents

Abstract ID: 36

Symposium: S95 - Challenges for mental health professionals

Presenting author: Elisa Koenig, Universityhospital Ulm Child and Adolescent Psychiatry/ Psychotherapy Ulm, GERMANY

Background/Objective

Non-suicidal self-injury (NSSI) is a common phenomenon among adolescents. To provide adequate care, it is crucial that professionals working in medical and mental health care are aware of evidence-based knowledge about diagnostics and treatment of NSSI. The German treatment guidelines for NSSI of children and adolescents offers such knowledge, but research shows that dissemination of guidelines is often deficient. Thus, the project Star-Train aims at exploring, which training method is suitable and effective to disseminate content of the guidelines.

Method

Three different training strategies (printed material, e-learning, and blended-learning) were developed and evaluated with a quasi-randomized pretest-posttest comparison group design with a sample of over 500 participants. Knowledge of NSSI, practical skills, self-efficacy in handling cases of NSSI and attitudes towards NSSI were assessed. For data-analyses between-group and within-group comparisons were conducted using a mixed design ANOVA. To ensure quality of learning formats, user-satisfaction was surveyed.

Results

Analyses show that all participants improved in the assessed variables and benefitted from the training they were assigned to. They type of training played no or only a minor role. Blended-learning proved to be at an advantage in transferring learning content into practical work. User satisfaction was high.

Conclusions

The developed training strategies contribute to a better understanding and enhancement of skills of professionals regarding NSSI. Blended learning seems to be the most likely to lead to a change in everyday practice. In the future, the selection of a training format could be made taking into account the targeted learning objectives as well as cost-benefit considerations.

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Adverse Childhood Experiences and Grandiose Narcissism – Findings from a Population-Representative Sample

Abstract ID: 39

Symposium: S98 - Risk factors for personality disorders

Presenting author: Marc Allroggen, University Hospital Ulm Child and Adolescent Psychiatry and Psychotherapy Ulm, GERMANY

Background/Objective

Grandiose narcissism is a multidimensional personality construct, which can be distinguished into agentic (admiration) and antagonistic (rivalry) facets. It is characterized primarily by arrogant, manipulative, and exploitative behavior and is associated with a variety of clinical and interpersonal problems. Moreover, narcissism is associated with difficulties in both accessing and completing psychotherapy. In the development of narcissism, besides genetic factors, adverse childhood events (ACE) are discussed as causal factors. However, studies assessing the role of ACEs in the etiology of narcissism are still inconsistent.

Method

We examined the relationship between self-reported ACE and grandiose narcissism in a representative sample of the German population above the age of 14 (N = 2531).

Results

Increased numbers of ACEs were associated with higher mean scores for rivalry in females (B = 0.04, p = 0.02) and males (B = 0.08, p < 0.01), while no significant associations were seen for admiration. Focusing on individual ACEs, in males, all maltreatment experiences were associated with narcissistic rivalry, with the exception of physical neglect, while in women only emotional maltreatment and emotional neglect were significant. Associations with household dysfunction were shown only in men.

Conclusions

Our results suggest emotional coldness and negative relationship experiences play a role in the development of, in particular, antagonistic and unfavorable narcissistic traits, such as rivalry. Therapy with individuals who have experienced ACEs should take into account possible narcissistic personality traits related to ACEs to facilitate successful treatment.

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Subcortical brain maturation predicts healthy adolescents' externalizing symptomatology

Abstract ID: 40

Symposium: S83 - New insight from brain imaging studies

Presenting author: *Irina Jarvers, University of Regensburg Department of Child and Adolescent Psychiatry and Psychotherapy Regensburg, GERMANY*

Background/Objective

Adolescence is a crucial developmental period for brain maturation and the emergence of mental health disorders. Cross-sectional and longitudinal relationships have been studied in clinical and healthy samples and revealed associations between brain volume and both internalizing and externalizing symptomatology. However, results have been mixed across studies and mental health disorders in healthy samples were not screened for extensively and excluded. The current study investigated the longitudinal relationship between internalizing / externalizing symptomatology and brain development during adolescence in the absence of a psychiatric disorder.

Method

112 healthy adolescents within two cohorts (1: 9 years, 2: 12 years) participated 1) a clinical assessment measuring their externalizing and internalizing symptomatology (SDQ) and 2) an MRI assessment measuring their brain volume and white matter tract microstructure, including fractional anisotropy (FA), mean diffusivity (MD) and average path length. Both assessments were repeated each year for a period of three years.

Results

Larger subcortical gray matter volume and average white matter path length predicted later externalizing symptomatology for girls aged 10, whereas decreases predicted later externalizing symptomatology in boys aged 10. Furthermore, decreases in cerebral white matter volume were generally predictive of later externalizing symptomatology independent of age. There was no predictive effect of FA and MD on externalizing or internalizing measures.

Conclusions

Results emphasize differences between at risk samples and well-screened healthy controls. Present findings of delays in subcortical brain maturation associated with subsequent increases in externalizing behavior indicate a higher risk for psychopathology which warrants further investigations.

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Systematic Review: Functional Outcome and Quality of Life in Offspring of Parents with Bipolar Disorder

Abstract ID: 43

Symposium: S2 - Cognitive and functional outcomes in children of parents with severe mental illness across development

Presenting author: Fleur Helmink, Erasmus Medical Centre-Sophia Child- and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS

Background/Objective

While psychopathology in offspring of parents with bipolar disorder (BD) has been the primary focus of offspring studies, functional outcome has not been given much priority. We aim to present a systematic review of the functional outcome and quality of life of offspring of parents with BD across the lifespan and explore associations between functional outcome and psychopathology in the offspring.

Method

We systematically searched Embase, MEDLINE, PsycINFO, Web of Science, Cochrane Central Register of Controlled Trials, and Google Scholar from inception to July 28, 2021, for studies referring functional outcome measures (global, social, school, or occupational) or quality of life in offspring of parents with BD.

Results

Of the 6273 records identified, 38 studies were retained, including 13 studies that examined multiple functional domains (global: 16; social: 17; school: 16, occupational: 3; quality of life: 5). For all domains, large heterogeneity was found in study methods and findings. Overall, we observed a tendency for offspring of parents with BD to present lower global and social functioning while getting older. School functioning seemed to be unaffected. One limitation was that many studies did not adjust for offspring psychopathology.

Conclusions

This review shows the importance of functional outcome and quality of life in children of parents with BD, adding to the already known high risk for psychopathology. It also highlights the complex relationships between functional outcome, quality of life, and offspring psychopathology. Prioritizing functional outcome as a research topic in high-risk offspring studies will help to disentangle these complex relationships.



Establishing effective working relationships between youth peer specialists and clinicians in child and adolescent mental health services

Abstract ID: 44

Symposium: S86 - Lifelong learning for professionals

Presenting author: Carolijn de Beer, Curium-Leiden University Medical Center (LUMC) Department of Child and Adolescent Psychiatry Leiden , THE NETHERLANDS

Background/Objective

The emergence of youth peer specialists in child and adolescent mental health services (CAMHS) is growing rapidly. Youth peer specialists (YPS) are young adults with lived experience of mental illness during childhood or adolescence who have been trained to support young people in recovery from mental illness. The use of YPS is a promising development to facilitate improved care and support for young people in CAMHS. Although the number of YPS is growing, structurally embedding YPS in CAMHS is still challenging. To overcome these challenges and thereby improve care for young people, insight into the requirements for forming effective working relationships between YPS and clinicians is crucial.

Method

This study reports on the findings of (approximately) 20 in-depth interviews with YPS and clinicians to provide recommendations for establishing effective working relationships in CAMHS. The following topics were examined during the interviews: (1) roles of YPS in CAMHS; (2) barriers and facilitators of implementing YPS in practice; (3) attitudes and experiences towards self-disclosing lived experience; (4) and needs to form an effective working relationship between clinicians and YPS.

Results

The (preliminary) results emphasize that clinicians are eager to work with YPS in CAMHS. However, both YPS and clinicians face challenges when cooperating with one another. These challenges include: concerns about the wellbeing of YPS; the need for role clarification of YPS in treatment teams; and mutual feelings of frustration and misunderstandings in the process of collaboration.

Conclusions

This study presents recommendations to overcome these challenges.

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Relapse prevention strategies in adolescents and young adults remitted from depression and anxiety

Abstract ID: 45

Symposium: S90 - Tailored treatment

Presenting author: *Suzanne Robberegt, Amsterdam University Medical Centres, location AMC Department of Psychiatry Amsterdam, THE NETHERLANDS, GGZ Oost Brabant Depression Expertise Centre-Youth Boekel, THE NETHERLANDS*

Background/Objective

Depression and anxiety cause a high burden of disease and have high relapse rates (39-72%). In this meta-analysis we systematically examined effectiveness of relapse prevention strategies on risk of and time to relapse in remitted youth.

Method

Electronic databases were searched up to June 15th 2021. Eligible studies compared relapse prevention strategies to control conditions among youth remitted from depression or anxiety, or youth with >30% improvement in symptomatology (mean age 13-25 years). Two reviewers independently assessed titles, abstracts, full-texts, extracted study data, assessed risk of bias, and overall strength of evidence. Random-effects models were used to pool results, and mixed-effects models for subgroup analyses. Main outcome was relapse rate at last follow-up (PROSPERO-ID: CRD42020149326).

Results

Ten RCTs examined depression, including 9 eligible for analysis: 4 included psychological interventions (N=370), 3 included antidepressants (N=80), and 2 included combinations (N=132). No RCTs for anxiety were identified. Over 6-75 months, relapse was half as likely following psychological treatment compared to care as usual conditions (k=6; OR 0.56, 95%-CI 0.31-1.00). Sensitivity analyses including only studies with >50 participants (k=3), showed similar results. Over 6-12 months, relapse was less likely in antidepressants compared to pill placebo (k=3; OR 0.29, 95%-CI 0.10-0.82). Quality of studies was suboptimal.

Conclusions

Relapse prevention strategies for youth depression reduce risk of relapse, although adequately powered, high quality RCTs are needed. This finding, together with the lack of RCTs on anxiety, underscores the need to examine relapse prevention in youth to lower the burden of disease and possibly enhance resilience in youth.

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Regional distributions of psychiatrically disordered youth in a segregated German town – A trend study

Abstract ID: 48

Symposium: S97 - Cultural sensitivity in CAMHS

Presenting author: Olaf Reis, *University Medical Center Rostock Department of Child and Adolescent Psychiatry and Neurology Rostock, GERMANY*

Background/Objective

The social architecture of East German communities has changed drastically after the fall of the wall. More affluent citizens left developmental areas built before 1989 while less affluent people moved to the outskirts. The study describes a high degree of social segregation within the town of Rostock and its association with the distribution of mental disorders among youth.

Method

For all inner-city patients of the Rostock University Hospital for Child and Adolescent Psychiatry between 2010 and 2019 ($n = 1658$) places of residence were recorded. Diagnoses were assigned to one of four clusters (primarily externalizing disorders $n = 482$, primarily internalizing disorders $n = 616$, internalizing and externalizing disorders together $n = 334$, other disorders $n = 226$). Cluster prevalences per quarter were calculated and correlated with prevalences of social risks (welfare recipients, unemployed women, men, youth, prevalences of juvenile crime suspects). Multiple regressions with the quarter as the unit of analysis were used to predict the prevalence of psychiatric disorders.

Results

The geographical distribution of mental disorders was strongly associated to social risks, which was especially true for externalizing disorders, concentrated at the city's outskirts. The prevalence of disorders predicted by different independent variables, such as the prevalence of welfare recipients, or the prevalence of unemployed youth per quarter. These models fit the data well ($0.4 < R^2_{corr} = 0.8$).

Conclusions

Adolescent psychiatry has to take new regional effects into account. In East German towns, within-city segregation increasingly produces areas wherein impoverishment resides with juvenile mental disorders.

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Using wearables to study psychophysiological activity in relation to child aggressive behavior; a feasibility study in a clinical setting.

Abstract ID: 49

Symposium: S69 - Female adolescent conduct disorder: Neurobiological findings and their relation to intervention outcome.

Presenting author: Fleur Velders, UMC Utrecht Psychiatry Utrecht, THE NETHERLANDS

Background/Objective

Aggressive behavior in children remains difficult to prevent and treat, and poses a threat to their development. Wearables that measure psychophysiological activity (skin conductance, heart rate, movement and skin temperature) could be of importance by signaling increased arousal before actual aggression takes place, which may facilitate the handling of child aggressive behavior. This pilot study investigates the feasibility of using wearables in children in a clinical setting.

Method

Feasibility was evaluated by 1) describing the experiences of wearing the device and how the data were collected; 2) processing of the raw data and the value in clinical practice; and 3) performing exploratory analysis on the association between physiological activity and children's aggressive behavior. Physiological data of 30 children who were admitted to our inpatient treatment program were collected using the wearable (Empatica E4). Participants wore the device for five consecutive days, while activities and behavior were reported.

Results

This study shows that it is feasible to measure psychophysiological activity with a wearable in daily clinical care in children with behavioral problems. Sociotherapists reported that the data from the wearable have added value in clinical practice. Children were enthusiastic, and critical regarding the design and the convenience of wearing the device. Heart rate was significantly different during aggressive behavior compared to the situation in which the child was not aggressive.

Conclusions

The reported feasibility of using of wearables in clinical practice introduces new opportunities to measure psychophysiological activity and may help in handling child aggressive behavior.

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Narrative Family Therapy may help families with complex psychiatric problems

Abstract ID: 50

Symposium: S102 - Outcomes of treatment program

Presenting author: Nina Tejs Jørring, *Child and Adolescent Mental Health Center, Copenhagen University Hospital – Mental Health Services CPH, Copenhagen, Denmark
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Background/Objective

Little research has been done on children and adolescents with complex psychiatric problems, and this group is seldom subject to evidence-based treatment. Equally, little research has been done on narrative therapy. Subsequently, Narrative Family Therapy (NFT) is rarely available to children and adolescents with a psychiatric disorder. NFT is a combination of child- and adolescent- psychiatric knowledge and narrative therapy, which offers the recovery-oriented practices of collaboration needed for these families and their problems.

Method

We developed a manual consisting of three elements: Therapeutic sessions, network meetings, and written documents (especially therapeutic letters after each session). The effect for families receiving NFT at the Centre for Child and Adolescent Mental Health of the Capital Region of Denmark was evaluated by Beck's Youth Inventory (BYI), and Parent Activation Measurement (PAM), which is a measure of how much influence parents feel they have on their child's condition.

Results

105 patients consented to participate, and of these, full datasets were available for 48 patients (median age 13.2 years, 58.3% females). We found an increase in median BYI measures of self-concept, decrease in BYI Depression, and decreases in BYI Disruptive Behavior. Parent Activation Measurement increased.

Conclusions

Results from this study showed statistically significant symptom reduction with a moderate effect size, across different diagnoses and co-morbidities, and positive changes for the parent's sense of personal agency. Our data suggest that Narrative Family Therapy might be a viable choice of treatment for families with complex psychiatric conditions.

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Longitudinal impact of psychosocial status on children's mental health in the context of COVID-19 pandemic restrictions

Abstract ID: 52

Symposium: S82 - COVID-19 Session 1

Presenting author: Flore Moulin, University of Bordeaux Bordeaux Population Health Research Center, INSERM U 1219, Bordeaux, France Bordeaux, FRANCE

Background/Objective

Emerging research suggests that the prevalence of child and adolescent mental health problems has increased considerably during the COVID-19 crisis. However, there have been few longitudinal studies on children's mental health issues according to their social determinants in this context, especially in Europe. Our aim was to investigate the association between family socioeconomic status (SES) and children' mental health during the period of school closure due to COVID-19.

Method

Longitudinal data came from 4575 children aged 8-9 years old in 2020 and participating in the ELFE population- based cohort. Parents completed the Strengths and Difficulties Questionnaire (SDQ) when children were five years of age and nine years of age, which corresponded to the period of school closure due to the COVID-19 pandemic in France. We retrieved data collected on children from birth to age 5 years. SES was measured when the child was 5 years old. Data were analyzed using multinomial logistic regression models.

Results

Children's elevated levels of symptoms of Attention-deficit/Hyperactivity disorder (ADHD) during the period of school closure were significantly associated with prior low family SES, and ADHD and emotional disorders were associated with decline in income during the COVID crisis. Moreover, a low prior SES was significantly associated with a higher risk of emotional symptoms, only for children whose families experienced a decline in income.

Conclusions

This study underlines the impact of the financial crisis related to the COVID-19 epidemic on children's mental health. The pandemic exacerbate mental health problems in deprived children whose families suffer from financial difficulties.

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CYBERBULLYING IN ADOLESCENT GIRLS CONCERNING SOCIAL MEDIA ATTITUDE

Abstract ID: 53

Symposium: S81 - Adverse environmental factors

Presenting author: Ayse Rodopman Arman, Marmara University Faculty of Medicine Child Psychiatry Istanbul, TURKEY

Background/Objective

Studies with adolescents have found that cyberbullying is associated with depression and social media addiction. Longer periods spent in social media is associated with seeking social support in depressed female adolescents. Spending too much time on social media is a proven risk factor for cybervictimization. Our aim is to examine the social media attitudes and cyberbullying status of depressed female adolescents compared to controls.

Method

The sample consisted of 53 female adolescents in the 13-18 age range diagnosed with major depressive disorder (MDD) and 51 healthy female adolescents. The Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version was utilized for the psychiatric diagnosis. Adolescents completed the Social Media Attitude Scale (SMAS), Cyberbullying Scale (CS), and Social Support Appraisals Scale for Children (SSASC).

Results

There was a significant correlation between CS score and SMAS social competence sub-score in the MDD Group. The SSASC subscales of social support were significantly lower in the MDD group compared to the controls. There was a significant correlation between the social isolation sub-size of SMAS and the time spent on social media in MDD group. The hierarchical regression analysis revealed that the social support scores declined with higher CS scores of the depression group.

Conclusions

The depressed adolescents experienced more negative life events and had less social support. The depression group spent longer periods on social media and became more cybervictimized. The depressed adolescents are having a risk of social media addiction and cyberbullying in the absence of proper family and social support.

Co-authors:

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The course of addiction and comorbid mental health problems in youth entering addiction treatment: The Youth in Transition study

Abstract ID: 56

Symposium: S4 - Adolescents, substance use disorders and psychiatry: New developments in treatment and research

Presenting author: Christina Moska, Parnassia Group, Parnassia Academy Parnassia Addiction Research Centre (PARC) The Hague, THE NETHERLANDS

Background/Objective

Most substance use disorders (SUDs) have their onset in adolescence. Little is known about the course of SUD in youths seeking addiction treatment. The Youth in Transition (YiT) study aims to fill this gap. Among youth entering addiction treatment we investigate the course of SUD and other life domains, and predictors of persistent SUD, from adolescence to young adulthood in the four years following treatment-entry.

Method

The study is a multi-centre prospective cohort study. Eligible youths were 16 to 22 years old and sought help for a primary cannabis, alcohol, cocaine or amphetamine use disorder. Baseline and follow-up assessments focused on a wide range of life domains, including SUD, other mental disorders, social functioning, family history, treatment history, chronic stress indicators (hair cortisol) and neuropsychological executive function tasks.

Results

We included 433 youths as planned. Baseline data indicate that virtually all youths met the DSM-5 criteria for severe SUD (≥ 6 criteria). More than three-quarters had a past-year – internalising or

externalising or both – mental disorder next to SUD, and still nearly one quarter met the criteria of three or more concurrent mental disorders. Perhaps most indicative of the interconnectedness of addiction and other mental disorders, more than half of the youth had received treatment for a non-SUD mental disorder prior to their current addiction treatment.

Conclusions

Baseline data indicate the multi-domain nature and severity of problems in youths seeking help in addiction treatment. Our study will further our understanding of determinants and consequences of persistent SUD in this population.

Co-authors:

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The added value of systematic client feedback in youth addiction treatment and mental health treatment: A controlled study

Abstract ID: 57

Symposium: S4 - Adolescents, substance use disorders and psychiatry: New developments in treatment and research

Presenting author: *Patty Benthem, van, Parnassia Groep - Parnassia Academie Parnassia Addiction Research Centre The Hague, THE NETHERLANDS*

Background/Objective

Few controlled studies have examined the effectiveness of systematic client feedback for improving outcome in youth mental health care, and studies among youth in addiction treatment are virtually absent. In a previous study we found that first-session therapeutic alliance was a strong predictor of treatment outcome in youth addiction and mental health care. In the present study we investigated the value of systematic client feedback in both youth addiction treatment and youth mental health treatment for improving therapeutic alliance and treatment outcome.

Method

Two-hundred-and-four adolescents participated in this controlled study which used a sequential A-B between-groups design. In the first study group, 127 patients received treatment as usual (TAU), and in the subsequent second study group 77 patients received the client feedback intervention as add-on to TAU during four months.

Results

Youths who received client feedback in addition to TAU did not show improved treatment outcomes or better alliance ratings at follow-up than youths receiving TAU only. Sensitivity analyses comparing the more adherent patients of the second study group with patients receiving TAU, did not show significant beneficial effects of client feedback either. Also, the client feedback intervention did not result in reduced early treatment drop-out.

Conclusions

Our results cautiously suggest that client feedback does not have incremental effects on alliance and treatment outcome for youth in addiction and mental health treatment. Moreover, our study highlights the challenges of implementing client feedback in clinical practice and the need for additional research addressing these challenges.



Developmental psychopathology in a community sample of children and adolescents: Associations with irritability and functional impairment

Abstract ID: 58

Symposium: S104 - Developmental disorders

Presenting author: Jala Rizeq, *University of Glasgow institute of health and wellbeing Glasgow, UNITED KINGDOM*

Background/Objective

Irritability and functional impairment are two important markers of developmental psychopathology. In this study, we examined the role of these two factors in the structure and comorbidity of psychopathology in childhood and adolescence – critical stages for the emergence and development of psychopathology.

Method

Data were taken from a community sample of 5163 participants between the ages of 6 and 18.97 years (Mean age = 9.98, SD = 2.89). We examined differences in ratings on measures of mental health traits, irritability, and functional impairment and networks of psychopathology across three age groups (6-8 years, 9-12 years, and 13-19 years).

Results

Most mental health traits, irritability, and ratings of functional impairment were higher in the adolescent group than the younger childhood groups. Inattention did not show differences across the age groups and hyperactivity concerns were lowest in the adolescent group. Based on the network structure, functional impairment was central to the network in all age groups and depressive traits were most central in the middle childhood and adolescent groups. Irritability was consistently associated with functional impairment across all age groups and presented with variable associations with other psychopathology domains.

Conclusions

Depressive traits have a unique association with functional impairment, above and beyond that of other mental health traits, and irritability, particularly early in development, is consistently associated with functional impairment and presents as a promising transdiagnostic factor to assess and treat. Finally, functional impairment appears to be an important marker of psychiatric comorbidity in childhood and adolescence.

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Development of Social and Neurocognitive Functioning in preadolescent children at familial high risk of schizophrenia or bipolar disorder: The Danish High Risk and Resilience Study – VIA 11

Abstract ID: 59

Symposium: S2 - Cognitive and functional outcomes in children of parents with severe mental illness across development

Presenting author: Nicoline Hemager, *Mental Health Services, Capital Region of Denmark Mental Health Center Copenhagen, Gentofte University Hospital, Research Unit Copenhagen, DENMARK*

Background/Objective

Children with familial high-risk of schizophrenia (FHR-SZ) demonstrate neurocognitive and social functioning deficits predictive of later transitioning to psychosis, whereas findings in children at familial high-risk of bipolar disorder (FHR-BP) are less consistent. We aimed to investigate development of social and neurocognitive functioning in preadolescent children at FHR-SZ or FHR-BP compared with controls.

Method

A population-based cohort (n = 522) included 202 children at FHR-SZ, 120 children at FHR-BP, and 200 controls aged 7 at baseline. At follow-up 465 children were re-assessed (FHR-SZ: N= 179; FHR-BP: N= 105; controls: N = 181) at age 11. We used repeated measures ANOVA and multilevel mixed-effects linear regression models with maximum likelihood estimation to assess the development of adaptive social behaviour and neurocognitive functions from age 7 to 11.

Results

Children at FHR-SZ demonstrated stable social functioning impairments throughout middle childhood compared with controls ($P < .001$), whereas children at FHR BP demonstrated stable, normal social functioning compared with controls ($P = .60$). At four-year follow-up, children at FHR-SZ were significantly impaired on seven of 24 neurocognitive measures (Cohen's d ranging from 0.20-0.37, $P_s \leq .015$) compared to controls. Children at FHR-BP did not differ significantly from controls. From age 7 to age 11 maturation of social and neurocognitive functioning was non-significantly different across groups.

Conclusions

Children at FHR-SZ demonstrated stable and widespread social and neurocognitive impairments,

whereas children at FHR-BP remained unimpaired compared with controls throughout middle childhood. These findings suggest distinct neurodevelopmental manifestations, but non-differential maturation in preadolescent children at FHR-SZ and FHR-BP.

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Gender-Specific Child and Adolescent Mental Health Care

Abstract ID: 60

Symposium: S107 - Organisation in CAMHS

Presenting author: Lena Herrmann, *University Medical Center Hamburg-Eppendorf Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics Hamburg, GERMANY*

Background/Objective

Gender differences in mental health emerge as early as in childhood and adolescence, highlighting the need for gender-specific child and adolescent mental health care. This systematic review aims to provide

an overview on gender-specific child and adolescent mental health care by summarizing and critically appraising the existing research.

Method

Literature searches of PubMed, The Social Science Citation Index, PsycInfo, PSYINDEX and Cochrane Library identified 2728 unique records. Publications were selected if they were published in peer-reviewed journals or books between January 2000 and May 2021, written in English or German and described or evaluated gender-specific mental healthcare for children and adolescents.

Results

In total, 43 studies were included. Most interventions were conducted in school (n = 15) or community settings (n = 8). Substance-related and addictive disorders (n = 13) and eating disorders (n = 12) were the most frequently addressed mental health problems. Most interventions targeted girls only (n = 31). Gender-specific aspects included various risk and protective factors (n = 35; e.g., family support, stress), needs (n = 35; e.g., addressing comorbid mental health problems) as well as tasks, challenges and issues (n = 27; e.g., developmental tasks such as the onset of puberty). Treatment studies yielded larger effects than universal intervention and prevention programs.

Conclusions

These findings indicate that gender-specific mental health care can be a promising approach to meet gender-specific mental health needs. Gender-specific interventions should consider multiple interacting factors and experiences such as gender norms and ideals, developmental tasks, and mental health needs.

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The development of a regional out-patient system following clinical epidemiology-die Luzerner Psychiatrieplanung

Abstract ID: 61

Symposium: S91 - Network of CAMHS

Presenting author: Oliver Bilke-Hentsch, *Luzerner Psychiatrie/Universität Luzern KJPD Luzern, SWITZERLAND*

Background/Objective

Although the scope of psychiatric interventions in all age groups in central Switzerland is broad, there is a long waiting list for psychotherapy and for specialised care. As the Luzerner Psychiatrie (Lups) is de facto a monopolist, due to the limited number of colleagues in private practice, the main institutional and network activities have to be supported by the Lups.

Method

In a broad approach of shareholders 18 fields of interest were tackled in central Switzerland in 2019, based on clinical epidemiology in the central region and not on ideological, professional, individual, financial or institutional attention or problem bias. The demand for new psychotherapeutic resources were calculated via a simple model: 1. prevalence in three cantons (LU;OW;NW) 2. absolute number of all potential patients 3. percentage of potential patients requiring diagnostics 4. Three groups of intensity (5h/20h/longtime) 5. hours per group needed for diagnostics and therapy 6. cumulated need per year in therapeutic hours 7. number of therapists needed to accommodate the need

Results

As expected, depression, anxiety, and ADHD were identified as the most common psychiatric illnesses. Because mental health planning is an interdisciplinary effort, the methodology of clinical epidemiology was chosen to support data-based discussion and decision-making. The final report (Psychiatrieplanungsbericht) was unanimously approved for funding by the Canton Parliament in 2021, allowing for the implementation of the new system in 2022/23.

Conclusions

Clinical epidemiology and data-driven psychiatric planning reduce interdisciplinary misunderstandings and enable policy makers to implement measures that improve care for psychiatric patients.

Co-authors:

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Genetic and structural brain correlates of cognitive subtypes across youth at family risk for schizophrenia and bipolar disorder

Abstract ID: 63

Symposium: S2 - Cognitive and functional outcomes in children of parents with severe mental illness across development

Presenting author: Isabel Valli, *Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS) Child and Adolescent Psychiatry Barcelona, SPAIN*

Background/Objective

Cognitive impairment is an important feature of Schizophrenia (SZ) and Bipolar Disorder (BP) with severity across the two disorders characterised by significant heterogeneity. We clustered youth at

familial risk for SZ and BP based on cognitive function and examined the clinical, genetic and brain imaging correlates of cluster membership.

Method

160 participants, 32 offspring of patients with SZ (SZO), 59 offspring of patients with BP (BPO) and 69 offspring of healthy control parents (HCO) underwent a clinical and cognitive assessment, genotyping and structural MRI. K-means clustering was used to group family risk participants based on cognitive measures. Clusters were compared in terms of cortical and subcortical brain measures as well as polygenic risk scores for SZ (PRS-SZ), for BP (PRS-BP) and for cognitive function (PRS-COG).

Results

Participants were grouped in three clusters, with intact, intermediate and impaired cognitive performance. The intermediate and impaired clusters had lower total brain surface area compared to the intact cluster, with prominent localisation in temporal and parietal cortices. No between-cluster differences were identified in cortical thickness and subcortical brain volumes. The impaired cluster also had poorer psychosocial functioning and worse PRS-COG compared to the other two clusters and to HCO, while there was no significant between-cluster difference in terms of PRS-SZ and PRS-BP. PRS-COG predicted psychosocial functioning, yet this effect didn't appear to be mediated by an effect of PRS-COG on brain area.

Conclusions

Stratification based on cognition may help elucidate the biological underpinnings of cognitive heterogeneity across SZ and BP risk.



Specificities of Consensual and Non-consensual Sexting Behaviors in Adolescence

Abstract ID: 64

Symposium: S81 - Adverse environmental factors

Presenting author: Ricardo Barroso, *University of Trás-os-Montes and Alto Douro Psychology Vila Real, PORTUGAL, University of Porto Faculty of Psychology Porto, PORTUGAL*

Background/Objective

The term “sexting” refers to the sending, receiving, and forwarding of sexually explicit content through technological devices. This practice is considered a normative and common sexual behavior in adolescence, as it is a form of sexual expression and intimacy. However, several risks are associated with it when sexting takes non-consensual forms. A systematic review have been done to integrate different studies which analyzed the circumstances of consensual and non-consensual sexting behavior.

Method

In order to fulfill the proposed objectives, three online databases (EBSCOhost, PubMed and Web of

Science) were used. This research resulted in the extraction of 709 articles, among them, 40 were considered eligible for inclusion. In addition, a study by manual search was added, with the final sample of 41 articles, published between 2012 and 2021.

Results

It was found that sociodemographic and personal characteristics, mental health, peer pressure, coercion, violence, and interpersonal relationships were factors for the perpetration of consensual and non-consensual sexting behaviors.

Conclusions

There is little research on the subject, and that there is a need for more studies in this area, especially on non-consensual sharing of sexual materials, in order to understand the characteristics of the practitioners of such behavior, so that programs of effective intervention can be developed.

Co-authors:

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A Comprehensive Research on the Predictors of Psychosocial Problems in Siblings of Children with ASD

Abstract ID: 65

Symposium: S101 - Social economic stressors

Presenting author: Gökçen İlçioğlu Ekici, Ankara City Hospital Child and Adolescent Psychiatry Ankara, TURKEY

Background/Objective

Over the years, it has been speculated that siblings of children with autism spectrum disorder (ASD) might experience more psychosocial problems. However, inconsistency between study results still remains. Thus, it was aimed to explore which factors increase the likelihood of experiencing psychosocial problems for autism siblings.

Method

Sixty-seven children with ASD and their siblings (6-18 years) and a comparison group of typical siblings (age-sex matched, n=67) participated to the study with their parents. For assessing siblings' problems, Child Depression Inventory, Screen for Child Anxiety-Related Emotional Disorders and Child Behavior Checklist were used. Factors that may contribute to the psychosocial problems of siblings were examined under three headings: Factors related with autistic child (autism severity: Childhood Autism Rating Scale; intelligence level: IQ tests), family-related factors (depression&anxiety levels of the parents: Beck Depression and Anxiety Inventories; family functionality: Family Assessment Device) and child-related factors (birth order, gender and cognitive emotion regulation skills: Cognitive Emotion Regulation Questionnaire).

Results

Using structural equation model, it was found that “maternal depression” was a positive predictor for sibling depression (.25) and anxiety (.29). Besides, “Positive re-evaluation” negatively predicted sibling anxiety (-.25). “General functioning” of family was a positive predictor for sibling internalizing (.43) and externalizing problems (.51). Furthermore, it was determined that autism severity had an indirect effect on siblings’ problems, mediated through maternal depression and anxiety.

Conclusions

Autism siblings might have an additional risk for psychopathologies. Findings emphasize the importance of evaluating psychosocial functionality of overall family when working with children with ASD.

Co-authors:

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Modalities of pediatric appropriate PR melatonin (PedPRM) prescription in children with ASD and insomnia - a case studies

Abstract ID: 70

Symposium: S90 - Tailored treatment

Presenting author: Carmen M. Schroder, *University of Strasbourg Child and Adolescent Psychiatry Strasbourg, FRANCE, Institute for Cellular and Integrative Neurosciences Sleep Medicine Strasbourg, FRANCE*

Background/Objective

Despite high rates of comorbid insomnia among children (aged 2-18) with ASD, and its negative impact on child development, health and quality of life, there is limited awareness among physicians of evaluation and treatment of insomnia in this population. Pediatric appropriate Prolonged-release melatonin (PedPRM, Slenyto®) is the first authorized drug for the management of insomnia in children with ASD or Smith Magenis Syndrome where sleep hygiene measures were insufficient, but there is little evidence on how PedPRM performs in real life.

Method

This case series describes the decision-making process involved in PedPRM selection and treatment optimization in children with ASD and insomnia. Since PedPRM was recently introduced to market, all patients were initially given behavioral treatment and off label pharmacotherapy for their insomnia (e.g. iron supplementation, antihistamines, immediate-release melatonin) with no or partial success and subsequently prescribed PedPRM.

Results

Following PedPRM dose optimization, patients obtained treatment success. Their sleep maintenance improved (longest sleep episode (LSE) >6 hours), sleep initiation shortened (SOL < 30 minutes) and

sleep duration (TST) increased up to recommended range for their age. Significant positive effects on daytime behavior and parent satisfaction were noted.

Conclusions

PedPRM was swallowed whole without any difficulty. Upon dose optimization, it effectively resolves sleep initiation, maintenance, and duration problems as well as early morning awakenings to achieve sleep within the norms for the children's age. No safety issues were observed and subsequent improvements in child behavior (mainly due to longer LSE), in parent satisfaction and quality of life were reported.

Co-authors:

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The Mood and Resilience in Offspring study – understanding, detecting and preventing mood symptoms in children at increased risk for mood disorders

Abstract ID: 71

Symposium: S7 - Intergenerational transmission of psychopathology; results from a cross-diagnostic approach

Presenting author: Annabel Vreeker, Erasmus MC Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS

Background/Objective

Children of parents with a mood disorder have an increased risk of developing a mood disorder. Timely identification and adequate intervention are crucial. The ongoing Mood and Resilience in Offspring (MARIO) study investigates children with a parent with a mood disorder (10-25 years) to 1. better understand which factors contribute to mood symptoms and resilience, 2. develop and validate an online screening tool (MARIO-check) for detection of mood symptoms and 3. examine the efficacy of an online intervention platform.

Method

The MARIO cohort study examines 600 children with a parent with a mood disorder and controls. Over a period of 4 years extensive phenotype (psychiatric interviews, cognitive tests, questionnaires, daily emotions) and biological data (blood, cortisol, weight, length) are collected. In the MARIO screening study 1500 children of parents with mental illness (COPMI) fill out the online MARIO-check (www.mario-project.nl) and participate in a telephone interview. The MARIO Intervention study is a randomized-controlled trial in 340 COPMI, in which we examine whether access to an online intervention platform with elements of cognitive behavioral therapy, psycho-education, coping enhancement strategies and coaching, is associated with overall lower mood symptoms in a period of 12 months.

Results

Demographics, the MARIO-check and the intervention platform will be shown.

Conclusions

The MARIO-project contributes to a better understanding of emerging mood problems and resilience factors in children at increased risk for mood disorders. Within the next 4 years we will validate and evaluate the efficacy of the MARIO-check and the intervention platform, with implementation in clinical care as ultimate goal.

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A LONGITUDINAL STUDY OF MATERNAL PERINATAL BONDING AND PSYCHOSOCIAL FACTORS THAT CONTRIBUTE TO SOCIAL-EMOTIONAL DEVELOPMENT

Abstract ID: 73

Symposium: S96 - Effects on perinatal stress

Presenting author: Erja Rusanen, *University of Helsinki / Finnish Institute for Health and Welfare Open university Helsinki, FINLAND*

Background/Objective

So far, the link between perinatal mother–baby bonding and a child’s social-emotional development has been under-investigated. In this longitudinal study, we examined whether maternal perinatal bonding and mother’s relationships within and outside the family are related to a child’s social-emotional problems at the age of two, when maternal depression, stress and demographics are taken into account.

Method

Our data came from a birth cohort from which data were collected at four timepoints: prenatally during the third trimester, and postnatally at 3, 8 and 24 months. The participants were 1,667 mothers, of which

943 (56.6%) returned the questionnaire at each timepoint of the longitudinal study. The children's social-emotional problems were examined using the Brief Infant-Toddler Social and Emotional Assessment. Prenatal bonding was examined by measuring the mothers' expectations of their unborn babies. Postnatal mother-baby bonding was measured using Brockington's Postpartum Bonding Questionnaire. The maternal relationships with spouse and other adults was assessed using the Adult Attachment Scale.

Results

According to linear regression analysis, maternal bonding difficulties at three and eight months, maternal expectations of the unborn baby during pregnancy, and maternal relationships within and outside the family were related to social-emotional problems in children.

Conclusions

The results highlight the importance of screening mothers who already prenatally have bonding problems or mothers who have bonding problems postnatally to provide effective and targeted intervention support. For helping mothers, it is also important to evaluate the quality of the mother's relationships within and outside the family in addition to psychiatric symptoms.

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QUALITY IMPROVEMENT APPROACH OF CLINICAL HANDOVER IN THE LIAISON PSYCHIATRY DEPARTMENT IN CHI- CRUMLIN.

Abstract ID: 74

Symposium: S86 - Lifelong learning for professionals

Presenting author: Engy Shehata, *CHI- Crumlin Liaison Psychiatry Dublin, IRELAND*

Background/Objective

The Liaison Psychiatry Department didn't follow any particular handover framework. The ISBAR (Identification, Situation, Background, Assessment, Recommendation) is the handover framework used in CHI- Crumlin. Objective: Audit the quality of existing handover practices with regards to the information communicated and time consumed. Aiming to embed ISBAR as a communication framework into handover to achieve high quality communication that is accurate and concise.

Method

Observing handover meetings for a period of 4 weeks using an 11-item checklist. The items on the checklist were: patient name, age, ward, diagnosis, medications, MSE, risk assessment, social/family

history, plan, number of patients discussed, presenting complaints, starting time and duration of handover.

Results

Over the period of 4 weeks, 176 patients were discussed, (119 current patients (67.6%), 44 new cases (25%), 13 discharges (7.38%)). 86 patients (38.64%) presented with eating disorder, 41 patients (23.3%) with depressive disorder, self-harm or suicidal ideation, and 67 patients (38%) presented with others. MSE was discussed for 34 (19.3%) patients, risk assessment for 16 (9.1%) patients, family and social history for 54 (30.7%) patients, and plan was discussed for 135 (76.7%) patients. Out of 176 patients, names of 160 patients (90.9%), age and ward were mentioned for 59 (33.5%) and 49 (27.8%) patient respectively, working diagnosis was mentioned 80 patients (45.5%), medications discussed only for 45 patients (25.6%).

Conclusions

The audit shows that, without guidelines and standardised proformas, handover in our service often lacked key information. Liaison psychiatry team agreed on ISBAR to be the main tool of communication in handover.



Intervention for mood disorder symptoms in children of parents with psychiatric disorders -The MARIO intervention study

Abstract ID: 75

Symposium: S6 - Interventions for children of parents with a mental illness

Presenting author: Melany Horsfall, Amsterdam UMC, location VUMC Department of psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

The number of Children of Parents with Mental Problems (COPMI) under 25 in the Netherlands is estimated to be around 575,000. COPMI have a double burden regarding risk factors: they share the genetic vulnerability with their parents and grow up in a more unfavorable home environment. COPMI are especially prone to developing mood disorders. Because of that, there is a great need for interventions to reduce mood disorder symptoms before they develop into full-blown disorders. The objective of the Mood and Resilience in Offspring (MARIO) intervention study is to investigate the effectiveness of an online intervention platform in reducing mood disorder symptoms in COPMI.

Method

The study is a multi-centre randomized controlled trial. We aim to include 340 COPMI (10-25 years). Participants will be randomized to either the intervention group or a control group. The intervention group has access to an online platform with three intervention components based on cognitive behavioral therapy, coping skills, coaching and psycho-education. COPMI in both conditions will be followed up to 12 months post-randomization. After eligibility screening (T0), questionnaires will be administered at baseline (T1), post-treatment (T2), 6-months (T3) and 12-months (T4).

Results

The MARIO intervention study is an ongoing study, results are expected at the end of 2025. We will present the development and components of intervention platform.

Conclusions

We created an online intervention platform for COPMI. The effectiveness of this platform will be tested with the goal to implement this in healthcare.

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Gastrointestinal symptoms in autistic adults: the physique or the psyche? - Novel insights into determinants from a large Dutch population sample

Abstract ID: 76

Symposium: S12 - The role of nutrition and gut microbiota in mental health

Presenting author: *Eva Warreman, Leiden University Medical Center LUMC Curium, Academic Center for Child- and Adolescent Psychiatry Oegstgeest, THE NETHERLANDS*

Background/Objective

The high burden of gastrointestinal (GI) symptoms in adults with an autism spectrum disorder (ASD) raises questions about its relation to the physique and psyche. Autistic peer support workers and autism-advocates underline the importance of identifying determinants because of the high prevalence of gastrointestinal problems in autistic individuals. Therefore, the aim of this study is to explore what psychological, behavioral and somatic factors are associated with GI-symptoms in autistic adults.

Method

We included 31185 adults from the Lifelines Study, a Dutch general population sample. Psychiatric comorbidity, stress, quality of life (QoL), physical activity, alcohol use (self-report), body mass index

(physical measurements), C-reactive protein levels and leukocyte-counts (blood samples) were assessed. ASD-diagnosis, autistic traits (AQ-10) and GI-symptoms (abdominal pain, diarrhea, constipation and heartburn) were evaluated with questionnaires. We performed multivariable logistic regression with GI-symptoms as outcome, adjusted for age, sex and socioeconomic status.

Results

Results showed that in adults with ASD (n = 309), psychological factors including psychiatric comorbidity (adjusted odds ratio (aOR) 2.71, 95% confidence interval (CI) 1.51-4.85), more stress (aOR 1.15, 95% CI 1.06-1.26), and lower QoL (aOR 2.32, 95% CI 1.62-3.34) were associated with GI-symptoms. In the quartile including participants with the highest AQ-10 sum-scores (n = 7783), both psychological factors and less physical activity (aOR 0.94, 95% CI 0.91-0.97) were associated with GI-symptoms. Somatic factors were not associated with GI-symptoms in our study population.

Conclusions

In conclusion, these results emphasize the need for integration of psychological and behavioral determinants when optimizing the somatic approach of GI-symptoms in autistic adults.

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The role of the HPA axis in predicting associations between maternal prenatal stress and child outcomes

Abstract ID: 77

Symposium: S13 - Intergenerational Transmission of Traumatic Stress and Attachment-Related Risk Prenatally and Postnatally: Mechanisms and Implications for Intervention

Presenting author: Naomi Downes, INSERM, Sorbonne Université Institut Pierre Louis d'Epidémiologie et de Santé Publique, ERES Paris, FRANCE

Background/Objective

Alterations in the HPA axis activity among mothers and children are considered to be a key factor linking maternal stress to children's mental health status. However, there are methodological limits in the literature, such as the lack of longitudinal data ranging from pregnancy throughout childhood. The aim of this study is to provide further understanding by exploring longitudinal associations between maternal prenatal stress and child outcomes (emotional and behavioural), as well as the mediating role of children's stress response trajectories.

Method

Maternal and child hair samples provided data on the level of cortisol in the hair, which were used as a biological marker of stress and were collected at birth for both mother and child, as well as 1, 3, and 5 years after birth from children. Emotional and behavioural problems among children were reported at 3 and 5 years using the Strengths and Difficulties Questionnaire (SDQ). Trajectory and mediation analyses were conducted using this data from the EDEN cohort.

Results

Results are expected to show that disturbances in children's HPA axis functioning mediate the effects of maternal stress during pregnancy on children's emotional and behavioural outcomes.

Conclusions

At the presentation, results will be discussed in relation to the current scientific literature, as well as their implication for clinical practice.

Co-authors:

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Factorial structure of a psychomotor development in 9-36 months old children.

Abstract ID: 79

Symposium: S106 - Session on Autism Spectrum Disorders

Presenting author: Valeria Escobar Ruiz, *Universitat Autònoma de Barcelona Department of Clinical and Health Psychology Barcelona, SPAIN*

Background/Objective

Assessing psychomotor development allows early detection of developmental difficulties. Main areas to assess psychomotor development were identified, such as language, motor, socio-emotional, autonomy and cognitive behaviours. In this work, the psychometric results of the design of a scale for early detection of problems in psychomotor development are presented.

Method

One hundred and fifty-five caregivers of children 9 to 36 months of age indicated the presence or

absence of a list of 183 behaviours in five groups of age (9-12, 13-18, 19-24, 25-30 and 31-36 months). Behavioural debugging was performed based on a) response variability absence, and b) factor loads with one-dimensional models. Analyses were carried out with SPSS-22 and FACTOR-11.04.02. For each behaviour area and month old group, a principal component analysis was applied on the polychoric correlation matrix.

Results

Nineteen behaviours without variability were eliminated. Language, autonomy, and cognitive areas presented only one factor for each month old group, whereas motor skills showed two factors (distinguishing between fine and gross motor behaviours) on the 13-18 and 19-24 months-old groups. The socio-emotional area generated two factors (differentiating behaviours related to emotional expression from social interaction) on the 9-12 months old group.

Conclusions

The debugging made possible to identify behaviours of five psychomotor development areas. In some areas, and for some age groups, presented two factors that include subgroups of behaviours. These results should be corroborated with a larger sample. However, the findings show an important approximation of the behaviours in each area.

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Pathways from childhood maltreatment to adult mental health

Abstract ID: 80

Symposium: S3 - Pathways from early trauma to mental health outcomes: A Lifespan perspective

Presenting author: Jala Rizeq, *University of Glasgow institute of health and wellbeing Glasgow, UNITED KINGDOM*

Background/Objective

The purpose of this study was to delineate the associations between childhood maltreatment (CM) and adult exposure to two trauma types – adult unwanted sexual experiences and abusive relationship – and the pathways to trauma-related outcomes in adulthood. The following outcomes were included: self-worth, trauma symptomatology, emotion dysregulation and risky and self-destructive behaviour.

Method

Data from 270 participants with an average age of 20.02 years were used (204 women, 65 men, and one participant choosing not to disclose). Participants completed self-report measures assessing trauma exposure, trauma symptoms, emotion dysregulation, world assumptions, and engagement in risky and self-destructive behaviours.

Results

Among the CM types, the association between emotional abuse and neglect and physical abuse was the strongest. Emotional abuse and neglect was the CM type most strongly associated with the two adulthood traumas. When all trauma types were entered in the same model, specific CM types and both adulthood traumas were uniquely and significantly associated with trauma symptomatology, but only Emotional abuse and neglect was uniquely and significantly associated with negative self-worth. None of the trauma types were uniquely associated with emotion dysregulation and risky and self-destructive behaviour. When entered in a multivariate path analysis model, trauma symptoms and emotion dysregulation offered indirect pathways to risky and self-destructive behaviour.

Conclusions

This study explicates the unique impact of specific CM types on outcomes in adulthood above and beyond the effect of adulthood traumas, offering important insight into trauma exposure's negative sequelae across the lifespan with potential areas for intervention.



Risk factors of mood disorders and predictors of the conversion from major depressive disorder to bipolar disorders in a prospective high risk cohort study

Abstract ID: 82

Symposium: S7 - Intergenerational transmission of psychopathology; results from a cross-diagnostic approach

Presenting author: Martin Preisig, Lausanne University Hospital and University of Lausanne Department of Psychiatry Lausanne, SWITZERLAND

Background/Objective

Using prospective data on the offspring of patients with unipolar and bipolar mood disorders as well as clinical controls, our aims were to identify the risk factors 1) for the onset of bipolar disorder (BPD) and major depressive disorder (MDD) and 2) conversion from MDD to BPD.

Method

Clinical information was collected on 163 offspring of parents with BPD, 128 offspring of parents with MDD and 158 offspring of comparison probands. Children were 6-17 years old at study entry (mean age: 10.1 years). Offspring and their parents were directly interviewed every 3 years with a mean duration of follow-up of 13.2 years.

Results

By far the strongest predictor of the onset of (hypo)manic episodes in offspring was a parental BPD with an onset earlier than 21 years, whereas major depressive episodes were the only psychiatric condition that independently predicted the onset of (hypo)manic episodes. Sexual abuse and witnessing of violence were the strongest predictors of the onset of MDD in offspring. Early-onset parental BPD

and agitation during depressive episodes were predictors of conversion from MDD to BPD, whereas early-onset parental MDD was associated with low conversion risk.

Conclusions

MDD and BPD are likely to have distinct predictors of their onset. Our data confirm the importance of family history in the prediction of the onset of BPD and the conversion from MDD to BPD. In contrast, the onset of MDD is likely to be more strongly associated with environmental factors.

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Reflective functioning and empathy: associations with externalizing behaviors in typical developing and antisocial adolescents

Abstract ID: 83

Symposium: S9 - Mentalizing Externalizing disorders: from psychological processes to focused interventions - MBT group

Presenting author: Larisa Morosan, University of Geneva FPSE Geneva, SWITZERLAND

Background/Objective

Reflective functioning (RF) refers to the understanding of one's own and others' behaviors in terms of mental states, whereas empathy entails the abilities to understand (cognitive empathy) and share (affective empathy) others' emotions. Although low RF and low empathy have been previously related to externalizing behaviors, such as aggression and rule breaking, few studies have studied simultaneously these processes in populations presenting different levels of externalizing behaviors. Furthermore, there is a lack of studies focusing on the longitudinal associations among RF, empathy, and externalizing behaviors, as well as the role played by gender in these relationships.

Method

We conducted two studies aiming to investigate: i) the longitudinal associations of RF and empathy on externalizing behaviors, in 103 community adolescents assessed repeatedly up to four years; ii) the differences in RF and empathy among three groups of males and female adolescents: 78 incarcerated adolescents (IA, 22 females), 39 community adolescents presenting high (HCA, 19 females) and 74 presenting low (LCA, 39 females) externalizing behaviors.

Results

The results indicate that: i) externalizing behaviors at baseline correlated with low RF and low affective empathy, but only lower RF impairments predicted a sharper decrease in externalizing behaviors over time; ii) female groups differed in their level of affective and cognitive empathy (IA< HCA, LCA) and their RF impairments levels (HCA>LCA), whereas male groups differed only in their RF impairments (IA, HCA> LCA).

Conclusions

These results support the mentalization-based theory, highlighting the importance of RF and empathy in the manifestations and disengagement from externalizing behaviors during adolescence.

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Brain structure in those at familial high risk for schizophrenia or bipolar disorder: an ENIGMA-Relatives study

Abstract ID: 84

Symposium: S7 - Intergenerational transmission of psychopathology; results from a cross-diagnostic approach

Presenting author: Neeltje van Haren, *Erasmus University Medical Centre - Sophia Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

Family members of patients with severe mental illness represent individuals at familial risk for mental disorders, who do not themselves have confounds, such as medication or suffer from consequences of long illness duration. Therefore, a transdiagnostic approach in first-degree family members provide unique insights into the effect of familial risk for mental disorders on the brain.

Method

Through ENIGMA, we set out to pool brain imaging data from family studies around the world, leading to over 650 bipolar patients, over 1000 patients with schizophrenia, and more than 2000 of their relatives. Cohorts were included if a control group was available. Within each cohort, relatives were compared with controls and Cohen's d effect sizes and 95%CI were calculated and pooled using meta-analyses.

Results

Relatives of schizophrenia patients show smaller volumes of total brain (gray and white matter) and the

thalamus. Moreover, the cortex was thinner ($d < -0.09$, $q < .05$ corrected) and third ventricle was larger ($d = +0.15$, $q < .05$ corrected) than in controls. Relatives of bipolar patients had significantly larger ICV ($d = +0.16$, $q < .05$ corrected) and showed widespread larger cortical surface area ($d's > +0.15$, $q < 0.05$ corrected). Findings were unrelated to the presence of psychopathology, level of IQ or educational attainment.

Conclusions

These findings show that differential brain developmental processes underlie predisposition for schizophrenia or bipolar disorder. Consequences for neurodevelopment in adolescent offspring at risk will be discussed.

Co-authors:

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Insomnia is associated with higher comorbidity load and increased health services utilization among children with ASD

Abstract ID: 85

Symposium: S106 - Session on Autism Spectrum Disorders

Presenting author: Idan Menashe, Ben-Gurion University of the Negev Department of Public Health Beer Sheva, ISRAEL

Background/Objective

Insomnia and sleep disturbances, reported in 40-80% of children with autism spectrum disorder (ASD), have been associated with the severity of sensory sensitivities and aberrant behaviors. However, the association of sleep disturbances with the presentation of other medical conditions and with the utilization of health services by children with ASD is unknown.

Method

For this reason, we conducted a retrospective, cross-sectional study of 541 children with ASD (ages 1-11 years) from the Autism Database of Israel whose parents completed the Children's Sleep Habits Questionnaire (CSHQ). Pediatric insomnia was defined as CSHQ scores ≥ 48 . Sociodemographic and symptom severity measures as well as data about medical comorbidities and health service utilization were compared between ASD children with and without insomnia.

Results

Of the 541 children with ASD, 257 (47.5%) had insomnia. ASD children with insomnia were more likely to exhibit other medical comorbidities (OR=1.75, 95%CI=1.12-2.76) and to be prescribed with chronic, non-sleep, medications (OR=1.50, 95%CI=1.02-2.21). In addition, ASD children with insomnia had 50%

more visits to the emergency room (mean[SD]=0.63[1.19] vs. 0.42[1.01]; $p=0.0153$), and 2.7 times higher rate of hospitalizations (mean[SD]=0.19[0.60] vs. 0.07[1.30]; $p=0.0042$). Consequently, they spent twice the time at the hospital as compared to children without insomnia (mean[SD]=0.32[1.08] vs. 0.16[1.06] days-per-child; $p=0.004$).

Conclusions

These findings suggest that insomnia is associated with a higher comorbidity load and increased health services utilization among children with ASD. Thus, treating sleeping problems in children with ASD may have a broad clinical and economic impact that extends beyond the expected improvement in the sleep quality of these children.



Sectorization: an organization both ancient and modern in French child and adolescent psychiatry

Abstract ID: 88

Symposium: S103 - Decentralisation and community based mental healthcare across Europe

Presenting author: Jean-Philippe Raynaud, *Toulouse University Hospital SUPEA (Child and adolescent psychiatry department (SUPEA) Toulouse, FRANCE*

Background/Objective

In France, since the 1970s, public psychiatry, including child and adolescent psychiatry, has been organized according to a very specific model: "sectorisation". The initial idea is pragmatic and generous: depending on where they live, a child or adolescent must have access to nearby care, fully supported financially by the state.

Method

The "sector" offers graduated care ranging from consultation to hospitalization, including mobile teams, day hospital, part-time therapeutic care, liaison psychiatry,.... In more than 50 years, it is a real network which has been woven over all the territories, in complementation with the partners of private practice, the field of the handicap and the social one.

Results

After a brief history, we will present this system and analyze its strengths, current difficulties and challenges for the years to come.

Conclusions

The French organization of psychiatric and mental health care for children and adolescents is evolving, in particular by opening up to international models but while relying on the solid foundations of the sector.



Longitudinal effects of antidepressant treatment on resting-state functional connectivity in adolescents with major depressive disorder

Abstract ID: 90

Symposium: S83 - New insight from brain imaging studies

Presenting author: Jae-Won Kim, *Seoul National University College of Medicine Psychiatry Seoul, SOUTH KOREA*

Background/Objective

Adolescents with major depressive disorder (MDD) often show reduced prefrontal functional connectivity with the subcortical regions than healthy controls (HC). However, relatively little is known about longitudinal effects of antidepressant (AD) treatment on resting state functional connectivity (RSFC) in the prefrontal cortex (PFC). This study aimed to investigate abnormal PFC RSFC in MDD adolescents compared to HC and longitudinal effects of AD on PFC RSFC.

Method

This study included 59 adolescents with MDD and 43 HC. MDD adolescents were treated with escitalopram in an 8 week, open-label trial. The treatment outcome was assessed by Children's Depression Rating Scale (CDRS-R) and patients showing at least a 40% improvement in CDRS-R scores from baseline to week 8 were defined as "responders". Functional and T1 images collected before and after treatment were processed using AFNI and Freesurfer. Our seed was the lateral PFC (LPFC, BA46). T-tests and repeated measures ANCOVAs, controlling for age and IQ, were conducted to examine abnormal PFC RSFC and longitudinal effects of AD on LPFC RSFC.

Results

Relative to HC, MDD showed increased LPFC RSFC with the posterior middle temporal gyrus (pMTG) and superior frontal cortex (SFG). Responders showed greater changes in LPFC RSFC with the MTG and SFG after AD treatment compared to non-responders and HC.

Conclusions

Our finding suggests that reduced LPFC RSFC with the pMTG and SFG may serve as a biomarker to predict AD treatment outcome in adolescents with MDD.



Short-term clinical effects of an elimination diet and healthy diet in children with ADHD: a randomized controlled trial

Abstract ID: 94

Symposium: S12 - The role of nutrition and gut microbiota in mental health

Presenting author: Annick Huberts-Bosch, *Karakter Child and Adolescent Psychiatry ADHD Nijmegen, THE NETHERLANDS*

Background/Objective

An Elimination Diet (ED) has been claimed to be effective in reducing symptoms of ADHD, but has never been compared to an active control condition (i.e. Healthy Diet (HD)). Moreover, pharmacological treatment is still considered the mainstay for ADHD treatment.

Method

In a two-armed RCT a total of N=165 children (5-12 years) with ADHD were randomized to either ED (N=84) or HD (N=81). A comparator arm was included with N=58 children being treated with Care as Usual (CAU). The primary outcome was a 5-point ordinal measure of clinical respondership including parent and teacher ratings on ADHD and emotion regulation, determined after five weeks of treatment. Ordinal regression analyses were done on an intention to treat basis.

Results

ED participants did not show superiority to HD participants in response to diet. Less ED than HD participants fully or partially responded (34.5% versus 50.6%), while significantly more ED than HD participants were categorized as mixed responders (45.2% versus 25.9%; i.e. contrasting parent and teacher ratings, implying more ambiguous effects in the ED). ED participants showed poorer response to treatment compared to CAU. Prior expectations of efficacy and baseline dietary intake did not differ between dietary conditions. More ED participants quit the diet before T1 than HD participants, but correcting for this did not change the main outcome. Both diets improved physical health (blood pressure, heart rate, somatic complaints) compared to CAU.

Conclusions

ED was clinically not superior to HD. Further assessment of long-term effects is needed to evaluate the place of dietary treatments within clinical guidelines.

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A longitudinal study of the gut microbiota during the first three years of life: links with executive functions at age three

Abstract ID: 95

Symposium: S12 - The role of nutrition and gut microbiota in mental health

Presenting author: Yvonne Willemsen, Radboud University Medical Center Department of Cognitive Neuroscience, Donders Institute for Brain, Cognition and Behavior Nijmegen, THE NETHERLANDS

Background/Objective

Bidirectional communications between the gut microbiota and brain functions, known as the microbiota-gut-brain axis, have been observed in an increasing number of animal and human research. Several studies have found associations between specific gut bacteria and cognitive outcomes. However, results are inconsistent, and evidence from longitudinal studies are lacking. Therefore, we investigated the potential links between early and current gut microbiota and child cognitive outcomes (executive functioning) at age three.

Method

Participants were healthy three-year-old children (n=79) and their parents. Stool samples were collected at age two, six, and 12 weeks and at one and three years. Gut microbiota composition was analyzed using 16S ribosomal RNA gene sequencing. Executive functions were assessed via parental

questionnaires (Rating of Everyday Executive Functioning and Behaviour Rating Inventory of Executive Functioning – Preschool) at child age three. Random forest models and Bayesian linear regression models were conducted to assess the associations between behavior and the gut microbiota.

Results

Significant relations were found between different bacteria at all fecal sampling ages and executive functions. The strongest relation was between Streptococcus at two weeks and worse executive functions at age three (est. = 0.40).

Conclusions

Our findings suggest potential associations between gut microbiota composition throughout the first three years of life and executive functions at three years of age in a healthy, low-risk, sample of children. The results provide tentative evidence supporting the idea that infant gut bacteria might play a role in the development of their brains. Future studies in other cohorts are necessary to confirm our findings.

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Effects of maternal trauma and associated psychopathology on atypical maternal behavior and infant social withdrawal six months postpartum

Abstract ID: 96

Symposium: S13 - Intergenerational Transmission of Traumatic Stress and Attachment-Related Risk Prenatally and Postnatally: Mechanisms and Implications for Intervention

Presenting author: *Nina Burtchen, University of Freiburg Department of Psychosomatic Medicine and Psychotherapy, Faculty of Medicine Freiburg, GERMANY*

Background/Objective

Background: Maternal trauma increases the likelihood of atypical maternal behavior which poses a risk for optimal child development. Infant social withdrawal is an early warning sign for adverse developmental outcomes. Yet, it remains unclear if and how maternal trauma and associated psychopathology and/or atypical maternal behavior might affect infant social withdrawal six months postpartum.

Method

Methods: One hundred ninety-eight women and their six-month-old term infants were studied in a high-

risk community sample. Maternal trauma and associated psychopathology were assessed in a psychiatric interview. Maternal and infant behaviors were coded from videotaped mother-infant interactions during free play.

Results

Results: Maternal trauma was correlated with increased atypical maternal behavior and increased infant social withdrawal ($p \leq .001$). Maternal Post-Traumatic Stress Disorder (PTSD) alone, Major Depressive Disorder (MDD) alone, and co-morbid PTSD/MDD were predictive of increased atypical maternal behavior ($p \leq .001$) but only maternal MDD was predictive of infant withdrawal ($p \leq .001$). Effects of maternal MDD on infant withdrawal were partially mediated through atypical maternal behavior.

Conclusions

Conclusions: At six months postpartum, maternal MDD is the most significant trauma-associated psychopathology with regards to infant social withdrawal. Atypical maternal behavior is an important target behavior for early intervention.

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Probiotics for the treatment of impulsivity: the PROBIA study

Abstract ID: 97

Symposium: S12 - The role of nutrition and gut microbiota in mental health

Presenting author: Gara Arteaga-Henríquez, Vall d'Hebron Hospital Universitari Psychiatry
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Background/Objective

Impulsivity and compulsivity are 'difficult to treat symptoms' that often underlie different psychiatric conditions, such as attention deficit and hyperactivity disorder (ADHD) and/or borderline personality

disorder (BPD). Recent evidence has suggested modulation of gut microbiota as a promising therapeutic target in patients suffering from these conditions.

Method

The PROBIA study is a prospective, multicentre, double-blind, randomized-controlled trial where N=180 participants diagnosed with ADHD and/or BPD, aged 18-65 years, received either a synbiotic formula or placebo during 10 consecutive weeks. Primary outcomes included change in severity of psychopathology (as measured by the Clinical Global Impression-Improvement (CGI-I) score), and a change in affective reactivity (as measured by the Affective Reactivity Index (ARI-S) score). Secondary outcomes included changes in general psychopathology, ADHD symptoms, neurocognitive functions, somatic parameters, physical activity, nutritional intake and health-related quality of life. In addition, the levels of different blood parameters, and the composition of gut microbiome were also assessed.

Results

After 10 weeks of treatment, patients treated with the synbiotic agent showed a significant improvement in both the ADHD ($p<0.001$) and YBOCS total scores ($p=0.031$) compared to patients treated with placebo. Significant differences were not found in relation to the ARI-S and CGI total scores.

Conclusions

To the best of our knowledge, the PROBIA study is the first randomized controlled trial evaluating the effects of synbiotics on impulsivity and compulsivity in a large cohort of individuals with ADHD and/or BPD, contributing to the current knowledge regarding the potential of synbiotics as a cost-effective treatment to improve mental health.

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Emotion Recognition and Mentalizing in adolescents with ADHD.

Abstract ID: 100

Symposium: S9 - Mentalizing Externalizing disorders: from psychological processes to focused interventions - MBT group

Presenting author: Elena Poznyak, University of Geneva Faculty of Psychology and Educational Sciences Geneva, SWITZERLAND

Background/Objective

Emerging, albeit inconsistent evidence points to impairments in social cognition in children and adults with ADHD. However, there is a lack of studies in adolescents with ADHD, despite the high prevalence of socio-emotional difficulties in this age group. We present two studies examining emotion recognition and mentalizing in ADHD youths, using ecological and dynamic computerized tasks.

Method

Study 1 compared emotion recognition performance in adolescents with ADHD ($n=22$, mean age = 14.74, $SD=1.70$) and healthy controls ($n=96$, mean age = 15.10, $SD=1.31$), using the Geneva Emotion Recognition Test – a multimodal dynamic task assessing 14 emotions. Study 2 compared performance on a mentalizing task (Movie for Assessment of Social Cognition) between adolescents ($n=18$, mean age = 15.09, $SD=1.60$) and young adults with ADHD ($n=18$, mean age = 24.48, $SD=3.78$) and healthy controls, matched for age and gender.

Results

Results of Study 1 showed no significant differences in total emotion recognition scores between ADHD adolescents and healthy controls ($p>0.05$), although lower accuracy rates on several individual emotions were observed in ADHD. Results of Study 2 demonstrated that adolescents with ADHD had a tendency to undermentalize others' mental states ($F(1, 68) = 8.63$, $p<0.01$), and that this tendency was particularly associated with the severity of attentional problems.

Conclusions

Current results point to subtle differences in emotion recognition and mentalizing between ADHD adolescents and healthy controls. These findings are discussed in terms of future research perspectives and implications for clinical practice.

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Maternal adverse childhood experiences and mother-child interaction

Abstract ID: 101

Symposium: S11 - ADHD und externalizing disorders in family context – exploring the role of parenting stress and parent child relationship

Presenting author: Eva Möhler, Saarland University Hospital Child and Adolescent Psychiatry Homburg, GERMANY

Background/Objective

Adverse Childhood Experiences have been reported as a predictor for numerous psychiatric conditions as well as physical disturbances such as cancer or heart disease. According to the ACE-Study (e.g. Felitti, 1998) childhood maltreatment is classified as one major adverse childhood experience.

Method

In our study we examined 118 mothers of 12 month old children, 58 out of which had a background of childhood maltreatment. The remaining 60 mothers in the control group were matched with regard to educational and marital status. The maltreatment history was established by the childhood trauma questionnaire. Mother-child-interaction was assessed by scoring a 20 min videotaped interaction sequence between mother and child at age 5 and 12 months. Interaction was analysed using the emotional availability scales (Biringen,2002).

Results

Compared with the control group, maltreated mothers showed more intrusiveness when interacting with their children at 5 months postnatal age, at 12 months, an increase in hostility and intrusiveness was shown as well as a decrease in sensitivity.

Conclusions

Our data indicate that a history of maltreatment has - next to numerous consequences demonstrated elsewhere- an impact on interaction with the offspring, thereby underlining the significance of intergenerational transmission of trauma. These data underline the necessity to screen and treat for adverse childhood experiences in young parents.



Treatment of adolescents with concurrent substance use disorder and attention-deficit/hyperactivity disorder: Systematic review and international consensus paper

Abstract ID: 104

Symposium: S4 - Adolescents, substance use disorders and psychiatry: New developments in treatment and research

Presenting author: Vincent Hendriks, *Leiden University Medical Centre (LUMC) / Parnassia Group Parnassia Addiction Research Centre (PARC) The Hague, THE NETHERLANDS*

Background/Objective

Childhood ADHD is a serious risk factor for developing SUD in adolescence. Concurrent ADHD and SUD complicates diagnosis and treatment and is associated with poor treatment outcomes. The available evidence on the treatment of this comorbidity in adolescents is limited.

Method

We systematically reviewed controlled studies on treatments of ADHD in adolescents with and without concurrent SUD. We also reviewed the longitudinal association between pharmacotherapy for childhood ADHD and the development of SUD later in life. Because the evidence on the treatment of this comorbidity was too limited to justify robust treatment recommendations, we developed a consensus statement based on both scientific data and clinical experience, using a Delphi method to reach consensus with an international, multidisciplinary group of 55 experts.

Results

None of the pharmacological ADHD trials in adolescents with concurrent ADHD and SUD showed a robust effect on either ADHD or SUD, and randomized trials of psychosocial and complementary treatment in this population were non-existent. In our international consensus statement, long-acting stimulants are recommended as first-line ADHD-treatment in adolescents with this comorbidity, and pharmacotherapy should be embedded in psychosocial treatment. The only statement for which no consensus was reached concerned the question whether or not adolescents with ADHD and SUD should be abstinent before starting stimulant ADHD-pharmacotherapy.

Conclusions

Our systematic review and international consensus statement can be used by clinicians and adolescent patients together in a shared decision-making process to select the best interventions and to reach optimal outcomes in adolescent patients with concurrent ADHD and SUD.



Psychosocial functioning in offspring of parents with bipolar and unipolar mood disorders assessed across 15 years of follow-up

Abstract ID: 105

Symposium: S2 - Cognitive and functional outcomes in children of parents with severe mental illness across development

Presenting author: Caroline Vandeleur, University Hospital of Lausanne Psychiatry Lausanne, SWITZERLAND

Background/Objective

High-risk studies have shown significant parent-child transmission of bipolar disorders (BPD) and major depressive disorder (MDD), which was stronger when parents had a mood disorder with an early onset. However, less studies have focused on functional outcomes of these offspring across development and most studies have not adjusted for the effect of offspring psychopathology. Our goal was to assess 1) psychosocial functioning in offspring of parents with mood disorders, and 2) the role of emerging mood psychopathology in offspring on the association between the parental mood disorder and psychosocial functioning in offspring.

Method

We have collected clinical information on 32 patients with early-onset BPD (prior to age 21), 54 with later-onset BPD, 23 with early-onset MDD, 51 with later-onset MDD, 74 controls and their 425 offspring assessed for a mean duration of 14.9 (s.d: 5.3) years. Current Global Assessment of Functioning (GAF) scores for offspring were rated by trained interviewers after administering diagnostic interviews. Multilevel models adjusting for intra-familial correlation (several offspring per family) assessed the impact of parental mood disorders on the last rated GAF scores for offspring, with and without adjustment for offspring mood disorders over the follow-up.

Results

An initial model showed an association between early-onset BPD and a trend level association between early-onset MDD in parents with lower GAF scores in offspring. However, these associations disappeared after adjustment for emerging offspring mood disorders.

Conclusions

Our data suggest that the frequently reported lower psychosocial functioning in high-risk offspring is essentially mediated by emerging offspring mood psychopathology.

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Psychiatric adverse events during antipsychotic treatment in naïf children and adolescents

Abstract ID: 107

Symposium: S100 - Personalised pharmacological treatment

Presenting author: Susanne Thümmeler, Children's Hospitals of Nice CHU-Lenval University Department of Child and Adolescent Psychiatry Nice, FRANCE, Université Côte d'Azur CoBTek, FRIS Nice, FRANCE

Background/Objective

Antipsychotic (AP) prescriptions in paediatric patients increased worldwide over the last decades. Despite second-generation AP having a more favourable tolerability profile than first-generation AP, adverse events (AEs) are frequently observed. Our presentation focuses on psychiatric AEs with AP in naïve paediatric patients.

Method

ETAPE is a French multicentre naturalistic observational study determining the incidence of AEs potentially related to antipsychotic (AP) treatment in 190 naïve paediatric patients aged 12±3 years (73.7% males) over one year. The study protocol and main results have been presented: doi:10.1016/j.euroneuro.2019.10.006, doi:10.1136/bmjopen-2015-011020.

Results

Overall, 63,2% of the patients (n=120) presented at least one psychiatric AE, potentially attributed to AP treatment in 79,2% of them (n=95), i.e. half of the patients (50%). The most frequent observed psychiatric AEs were externalized behaviours as aggressiveness, agitation or challenging behaviours (22,7%), mood changes (14,2%) and suicidal ideas or behaviours (11,8%); potentially related to AP treatment in respectively 37,7%, 84,9% and 59,1% of patients.

Conclusions

ETAPE results show that psychiatric AEs are frequently observed in paediatric patients, regardless of the causality assessments made by clinicians. Thus, clinicians need to be aware of the possibility of psychiatric AEs while prescribing antipsychotics. Furthermore, the relation to AP treatment should systematically be assessed and monitored for any novel or worsening psychiatric symptoms, also considering the evolution of the underlying psychiatric condition. The risk of psychiatric AEs should be part of the benefit-risk reevaluation when prescribing an AP to paediatric patients and AEs should be monitored, especially during the first months after introducing an AP in this population.

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Health professionals' perspectives on capacities, training and networking in child protection

Abstract ID: 108

Symposium: S95 - Challenges for mental health professionals

Presenting author: Anna Maier, Universityhospital of Ulm Department of Child and Adolescent Psychiatry/Psychotherapy Ulm, GERMANY

Background/Objective

Child maltreatment is, because of its prevalence and consequences, one of the main reasons for global health inequalities. The medical field offers many opportunities to support affected children. The present work aims to survey the state of capacities, training and networking in child protection in medicine and elicit health professionals' perspectives on a potential need for action in Germany.

Method

From 06/2016 until 02/2021 3,360 health professionals were interviewed. Using quantitative and qualitative items the questionnaire gathered demographic and professional background information as well as capacities in child protection among health professionals, training offers and networking in medicine.

Results

The analysis indicated that the topic child protection in medicine is not as present as the high prevalence demands it. The majority (94.0 %; n=3.159) of the probands stated that they need more capacities regarding child protection. More than half of the probands assessed the importance of the issue child protection as low among health professionals. The reasons cited included child protection as being an uncomfortable topic, unwillingness among managers and a lack of training on the topic. Additionally, it was noted that better networking between all professionals involved in child protection is necessary.

Conclusions

It turned out that there is too little awareness and networking regarding child protection in the medical field. Hence, it is difficult to ensure prevention and an adequate intervention for those affected. Child protection topics should be made mandatory in the training curricula of all health professionals and networks should be established and financially supported in all medical institutions.

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Parental hair cortisol concentration and child's ADHD symptomatology between preschool- and school age

Abstract ID: 109

Symposium: S11 - ADHD und externalizing disorders in family context – exploring the role of parenting stress and parent child relationship

Presenting author: Alisa Susann Cosan, Philipps University of Marburg Department of Child and Adolescent Psychiatry Marburg, GERMANY

Background/Objective

Children with attention deficit hyperactivity disorder (ADHD) require increased caregiver assistance and supervision, and their parents have shown high perceived parenting stress. Hence, we examined whether caring for a child with increased ADHD symptoms is associated with physiologically measurable stress in the mother and whether psychosocial burden amplifies the possible association.

Method

We analyzed the association between maternal hair cortisol concentration (HCC) and symptoms of ADHD in preschool-aged children using a longitudinal design (T1, at children's age of 4 years; T2, twelve months later). 128 mothers and their children participated in the study. To determine the HCC, the first scalp-near 3 cm hair segment was used. ADHD symptoms of the child were measured using teacher- and parent-report questionnaires and a clinical interview with the mother. Psychosocial family adversity (comprising low socio-economic status, economic burden, psychosocial risks) was assessed by a structured interview.

Results

Child's T1 teacher-reported ADHD symptoms score was significantly positively associated with mother's T1 and T2 HCC score. In families with high psychosocial adversity the prediction of an increase in maternal HCC by the teacher-reported ADHD symptoms of child was significantly stronger than in low-adversity families.

Conclusions

In presence of psychosocial family adversity, ADHD symptoms of the child predicted an increase in the mother's HCC. As a continuously high cortisol level implicates health risks and might in turn affect parenting resources, the identifying of caregivers at risk through biological markers could be helpful for planning targeted interventions. As our study is the first on this issue, cross-validation is needed.



The effect of the Development and Well-Being Assessment as an adjunct to standard referral letters on referral decisions by Child and Adolescent Mental Health Services

Abstract ID: 110

Symposium: S88 - Impact of the organization of healthcare services.

Presenting author: Anna Sofie Hansen, Aalborg University Hospital Psychiatry Aalborg, DENMARK, Aalborg University Clinical Medicine Aalborg, DENMARK

Background/Objective

High rejection rates for referrals to child and adolescent mental health services (CAMHS) are common. The most cited reasons for rejection are that the child does not have a clinical need for assessment and poor quality of the referrals. However, studies of interventions aimed at improving appropriateness of referrals are sparse. The aim of this study was to test if the online self-report diagnostic instrument the Development and Well-Being Assessment (DAWBA) as an adjunct to standard referral letters could improve accuracy of referral decisions made by CAMHS. In addition, we investigated what proportion of children referred to CAMHS fulfill referral criteria.

Method

The study was a randomized feasibility trial investigating the effect of the DAWBA in a parallel design comparing referred children randomized to completing the DAWBA with a group randomized to completing the extended version of the Strengths and Difficulties Questionnaire (SDQ) in a 1:1 allocation.

Results

The study included 160 children referred to CAMHS. Almost all (95.6%) participants fulfilled criteria for a mental disorder and 82.1% also reported high impact of symptoms. Compared to the group who did not complete the DAWBA, referral decisions for the DAWBA group showed higher sensitivity (0.63 vs. 0.83), specificity (0.30 vs. 0.42) and negative predictive value (0.14 vs. 0.36) as well as slightly higher positive predictive value (0.81 vs. 0.86).

Conclusions

The use of the DAWBA as an adjunct to standard referral letters could lead to more correct referral decisions and reduce the proportion of wrongful rejection referrals to CAMHS.

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Career pathways for child and adolescent psychiatrists -A national trainee led recruitment project

Abstract ID: 111

Symposium: S86 - Lifelong learning for professionals

Presenting author: Anna Sofie Hansen, Aalborg University Hospital Psychiatry Aalborg, DENMARK, Danish Association of Child and Adolescent Psychiatry Boardmember Vadum, DENMARK

Background/Objective

The Danish Association for Child and Adolescent Psychiatry (CAP) received a grant from the National Health Authority to conduct a project highlighting career paths for child and adolescent psychiatrists (CAPs) with the aim to increase recruitment and retention to the CAP speciality.

Method

Initially, a workshop at the annual CAP association meeting was carried out to collect knowledge on existing local initiatives. In addition, a survey was conducted among members of the CAP association, medical students and trainees in pediatrics and general practice to collect input on relevant content and form of the project. The project was managed by a steering committee of CAP trainees appointed by the Board of the CAP association.

Results

The project had four main products: 1) An 8 episode podcast series with >5000 downloads/episode, rendering it among the most popular health podcasts on a national podcast platform. 2) A career path section on the CAP association's website featuring interviews with CAPs with different career choices (i.e. leadership, research, training, subspecialization, etc.). 3) A series of online career workshops for CAP trainees and specialists highlighting different career paths. 4) Pamphlets for use at recruitment events at Medical schools.

Conclusions

This project can provide inspiration for recruitment and retention initiatives aimed at both medical students and medical doctors already working within CAP. It's innovative approach to content resulted in creating a podcast series with popular appeal in the Danish population.

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Happier During Lockdown: A descriptive analysis of self-reported wellbeing in 17,000 UK school students during Covid-19 lockdown

Abstract ID: 114

Symposium: S84 - COVID-19 Session 2

Presenting author: Emma Sonesson, *University of Cambridge Department of Psychiatry Cambridge, UNITED KINGDOM*

Background/Objective

Relatively little research has focused on children and young people (CYP) whose mental health and wellbeing improved during Covid-19 lockdown measures. We aimed to (1) determine the proportion of CYP who self-reported improvement in their mental wellbeing during the first UK lockdown and (2) describe the characteristics of this group in relation to their peers.

Method

We conducted a descriptive analysis of data from the 2020 OxWell Student Survey, a self-report, cross-sectional survey of English CYP. A total of 16,940 CYP primarily aged 8-18 years reported on change in mental wellbeing during lockdown. We characterised these CYP in terms of school, home, relational, and lifestyle factors as well as feelings about returning to school.

Results

One-third (33%) of CYP reported improved mental wellbeing during the first UK national lockdown. Compared with peers who reported no change or deterioration, a higher proportion of CYP with improved mental wellbeing reported improved relationships with friends and family, less loneliness and exclusion, reduced bullying, better management of school tasks, and more sleep and exercise during lockdown.

Conclusions

A sizeable minority of CYP reported improved mental wellbeing during lockdown. Determining the reasons why these CYP felt they fared better during lockdown and considering how these beneficial experiences can be maintained for some CYP beyond the pandemic might provide insights into how to promote mental health and wellbeing in the future. All those working with CYP now have an opportunity to consider whether a systemic shift is needed to understand and realise any learnings from experiences during the pandemic.

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An ecological momentary assessment study of age effects on perceptive and non-perceptive clinical high-risk symptoms of psychosis

Abstract ID: 118

Symposium: S18 - New developments in the assessment and treatment of young people with a clinical high risk state of psychosis

Presenting author: Chantal Michel, *University of Bern University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, SWITZERLAND*

Background/Objective

Among individuals with clinical high risk for psychosis (CHR), perceptive symptoms are more frequent but have less clinical significance in children/adolescents compared to adults. However, findings are based on clinical interviews relying on patient's recall capacity. Ecological momentary assessment (EMA) can be used to explore experiences in real-time in the subject's daily life. The aim of this study was to assess frequency and stability of (perceptive and non-perceptive) CHR symptoms and to explore potential age effects.

Method

EMA was used in a sample of an early detection for psychosis service in Bern, Switzerland (N=66; 11-36 years). CHR symptoms were recorded in random time intervals for seven days: eight assessments per day per subject, minimum time between prompts set at 25 minutes. CHR symptoms were additionally assessed with semi-structured interviews including the 'Structured Interview for Psychosis-Risk Syndromes' and the 'Schizophrenia Proneness Instruments'.

Results

Mixed-effects linear regression analysis on the frequency of CHR symptoms revealed a significant effect of age group, and the interaction CHR symptoms x age group for both perceptive and non-perceptive symptoms. Further, regarding stability of CHR symptoms, there was a significant effect of the interaction CHR symptoms x age group for perceptive symptoms only.

Conclusions

Based on EMA, perceptive CHR symptoms were more frequently reported but less stable in children/adolescents compared with adults. Together with previous findings, our finding of higher instability/variability of perceptive symptoms in younger persons might suggest that with advancing age and more stability of CHR symptoms, clinical relevance (reduced psychosocial functioning) may increase.

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Clinical high-risk criteria of psychosis in 8- to 17-year-old community subjects and inpatients not clinically suspected to develop psychosis

Abstract ID: 119

Symposium: S18 - New developments in the assessment and treatment of young people with a clinical high risk state of psychosis

Presenting author: Frauke Schultze-Lutter, *Heinrich-Heine-University Düsseldorf Department of Psychiatry and Psychotherapy Düsseldorf, GERMANY*

Background/Objective

Based on high rates of non-converters to psychosis, clinical high-risk of psychosis (CHR) criteria were suggested to be (1) pluripotential, (2) a transdiagnostic risk factor, or (3) simply a severity marker of mental disorders. If any of these alternative explanatory models were true, their prevalence should differ between persons with and without mental disorders, and their severity should be associated with functional impairment as a severity measure. This was studied in children and adolescents of the community and inpatients.

Method

Eight- to 17-year-old community subjects (N=233) and inpatients (N=306) not clinically suspected to develop psychosis were examined for CHR symptoms/criteria with the Structured Interview for Psychosis-Risk Syndromes and the Schizophrenia Proneness Instrument, Child & Youth version, and compared for group differences in frequency and severity of CHR symptoms/criteria, and their association with functioning.

Results

The 7.3%-prevalence of CHR criteria in community subjects did not differ significantly from the 9.5%-rate in inpatients. Frequency and severity of CHR criteria/symptoms rarely differed between the community and inpatient samples, and low functioning was at most weakly related to severity of CHR criteria/symptoms.

Conclusions

The lack of systematic differences between inpatients and community subjects does not support any of the three alternative explanatory models. Only in four CHR symptoms "suspiciousness/persecutory ideas", "thought pressure", "derealization" and "visual perception disturbances", group differences

consistent with a transdiagnostic risk factor were found. Yet, these did not carry forward into CHR criteria, highlighting the importance of their additional onset/worsening and occurrence requirements in conveying some psychosis-spectrum specificity, possibly best as a self-contained syndrome.

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The importance of unresolved attachment in adolescents with psychiatric disorders and its implications for treatment

Abstract ID: 120

Symposium: S19 - Attachment and trauma: The effects of early intervention in child and adolescent psychiatry

Presenting author: *Manuela Gander, Tirol Kliniken Child and Adolescent Psychiatry Hall in Tirol, AUSTRIA*

Background/Objective

A growing body of research has demonstrated the clinical relevance of attachment trauma for the course and outcome of different psychiatric disorders. However, there is a lack of studies in adolescent age groups. The present study explored the nature of traumatizing attachment-related experiences and used a novel attachment-based intervention technique to treat attachment trauma in adolescent in-patients with psychiatric disorders.

Method

We assessed attachment representations and severity of childhood trauma using the Adult Attachment Projective Picture System (AAP) and the Childhood Trauma Questionnaire (CTQ) in adolescent in-patients with Anorexia Nervosa (n=30), Major Depression (n=30) and personality pathology (n=112). The attachment-based intervention tool was used as an adjunct to first-line in-patient psychiatric treatment in adolescent patients (n=10).

Results

We found a high incidence of unresolved attachment patterns and moderate to severe levels of traumatic childhood experiences in our patient samples. Furthermore, we identified disorder-specific characteristics related to attachment trauma. First data from our in-patient sample demonstrate how an

attachment-based treatment focusing on these traumatic attachment-related themes can successfully be integrated into adolescent psychiatric settings.

Conclusions

Our findings support the idea to integrate interventions that are geared toward breaking the cycle of attachment dysregulation and thus might have the potential to improve the psychological and biological outcome in adolescent patients with severe psychiatric disorders.



A qualitative evidence synthesis of school staff perspectives of youth mental health

Abstract ID: 121

Symposium: S91 - Network of CAMHS

Presenting author: Maeve Dwan O'Reilly, *University College Dublin Psychology Dublin, IRELAND, Jigsaw, the National Centre for Youth Mental Health Research and Evaluation Dublin, IRELAND*

Background/Objective

School staff play a key role in youth mental health. Indeed, many mental health literacy interventions rely on staff to deliver content and be agents of change in their school community. As such, school staff perspectives must be considered in the design of school interventions. This presentation will synthesise secondary school staff perspectives and experiences of youth mental health, how staff perceive their role, and how they feel schools can best support students.

Method

A comprehensive search strategy was developed in line with the PRISMA guidelines. Inclusion criteria included: qualitative study of secondary school staff perspectives and experiences of youth mental health. Due to the high volume of studies to be included, a purposive sample of studies were chosen for analysis.

Results

Data base searching and reference list retrieval resulted in 3834 articles for title and abstract screening. Of these, 121 full texts were screened, and 59 relevant articles were identified. Purposive sampling yielded a sample of n=26 studies. These articles dated from 2001-2020 and the studies represented findings from 15 countries worldwide. This presentation will present a thematic synthesis of these papers detailing, among other themes, the experiences of school staff and their support needs. The presentation will also give a GRADE-CERQual assessment of the findings.

Conclusions

This presentation will give insight into the perspectives and experiences of secondary school staff around the world and will inform future school-based mental health literacy interventions ensuring they echo the real-life experiences of staff and are relevant and useful to them and their students.

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Flying under the radar: A case of a young woman with Autism Spectrum Disorder (ASD) presenting in late adolescence

Abstract ID: 122

Symposium: TCS1 - Trainee Case Session

Presenting author: Aleksandra Szczap, Tavistock and Portman NHS Foundation Trust Children Young Adults and Families Directorate London, UNITED KINGDOM

Background/Objective

Case presentation of a 17-year-old female presenting with anxiety and self-harm referred to a specialist team for a diagnostic assessment of ASD. The case highlights specific considerations when identifying ASD in females, including the concept of 'camouflaging' and its impact on mental health, referenced in recent literature. Post diagnostic work is also discussed.

Method

The assessment consisted of a careful developmental history, completion of Relative-Rated Social Responsiveness Scale version 2 (SRS-2), an individual ADOS-2 examination, Self-Rated Questionnaire of Camouflaging Autistic Traits (CAT-Q), and consultation with the young person's school.

Results

On the ADOS-2 the young person demonstrated strengths in communication, but subtle difficulties in reciprocal social interaction. Her parents reported relatively good functioning, but some persistent concerns around friendships and reciprocal social interactions, as well as some rigidity and intensity of interests. School staff did not report any significant concerns. Her pattern of interest in construction and product design indicated particular abilities in visual-spatial skills. The CAT-Q showed a high degree of compensation, masking and assimilation. Whilst the young person had developed some friendships, social interactions appeared to have high emotional costs.

Conclusions

ASD may go undetected in females in their early years, due to different profiles. However, the particular developmental challenges of adolescence may result in vulnerability to mental health issues and presentation to services at this stage. Careful use of multi-modal assessments is important for accurate diagnosis and guiding appropriate support.

Co-authors:

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Mothers' and children's perspectives on children's threat experience and trauma symptoms

Abstract ID: 124

Symposium: S19 - Attachment and trauma: The effects of early intervention in child and adolescent psychiatry

Presenting author: Silvia Exenberger, *tirol kliniken Child and Adolescent Psychiatry Innsbruck, AUSTRIA*

Background/Objective

Studies on the relationship between caregiver and child reports of child psychopathology show that caregiver and children rarely report overlapping information. A work package of the "Covid-19 child study", funded by the province of Tyrol/Austria, dealt with the mothers' estimation of children's threat experience and trauma symptoms.

Method

The study was conducted with children and mothers from North and South Tyrol at three measurement time points (June 2020, December 2020, June 2021). A total of 558 children aged 7 to 13 (50.2% girls) and 1.133 parents participated in the study and filled in an online questionnaire.

Results

The results showed that mothers correctly assessed both, girls' and boys' experiences of threat. With regard to trauma, the findings indicated that parents underestimated girls' trauma symptoms compared to girls' self-assessments at all measurement points. They also underestimated boys' trauma symptoms compared to their self-assessments, but not at the first measurement point.

Conclusions

The results are discussed with regard to possible family interventions during and after a crisis. A focus is placed on possible factors of correct assessment with regard to the experience of threat. Furthermore, possible causes for misjudgement in trauma symptoms will be discussed.

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Role of parental positive reinforcement and expressed emotion in developing attention deficit hyperactivity disorder, oppositional, callous unemotional symptoms, and executive functions

Abstract ID: 126

Symposium: S11 - ADHD und externalizing disorders in family context – exploring the role of parenting stress and parent child relationship

Presenting author: Ursula Pauli-Pott, Philipps-University Marburg Child and Adolescent Psychiatry Marburg, GERMANY

Background/Objective

Parental expressed emotion and positive reinforcement in parent-child interaction are assumed to affect the development of oppositional and callous unemotional (CU) behaviors in children at risk of attention deficit hyperactivity disorder (ADHD). Longitudinal research on this issue is scarce. We analyzed the respective links between preschool and school age and explored associations with executive functions development.

Method

138 five-year-old ($m = 58.2$, $s = 6.2$ months) children (59% boys) with elevated ADHD symptoms were assessed at the ages of five (T1) and eight (T2) years. At T1, maternal expressed emotion (using the Five Minute Speech Sample) and positive regard of child (using a standardized at-home observation procedure of the mother-child interaction) were assessed. At T1 and T2, symptoms of ADHD, oppositional defiant disorder (ODD), and callous-unemotional (CU) behaviors were measured. Inhibitory control (IC; reward-related IC, stop-signal reaction-time, interference control) was measured by neuropsychological tasks.

Results

Multiple linear regression analyses revealed that T1 positive regard specifically predicted a decrease in ODD symptoms between T1 and T2. The T1 expression of high negative emotion specifically predicted an increase in CU behaviors between T1 and T2. The development of ADHD was not predicted by the parenting variables. T2 IC measures were specifically associated with ADHD development and not predicted by the T1 parenting variables.

Conclusions

Knowledge on these specific links can help to elaborate diagnostic and counseling processes in preschoolers with high ADHD symptoms. Underlying mechanisms should be further analyzed.



Non-suicidal self-injury and attachment trauma in adolescents with psychiatric disorders: A treatment approach

Abstract ID: 127

Symposium: S19 - Attachment and trauma: The effects of early intervention in child and adolescent psychiatry

Presenting author: Martin Fuchs, *Medical University Innsbruck Tirol Kliniken, Child and Adolescent Psychiatry Hall i. T., AUSTRIA*

Background/Objective

We present data on the severity of attachment trauma in psychiatric in-patients with a diagnosis of non-suicidal self-injury disorder (NSSID).

Method

Our sample consisted of 137 in-patient adolescents aged 12 to 18 years (73% female, M_age = 15.09, SD = 1.44; 27% male, M_age = 14.65, SD = 1.53). Forty-four patients (32.1%) fulfilled the diagnostic criteria for NSSID according to the DSM-5 and ninety-three patients (67.9%) did not meet diagnostic criteria for NSSID. Our results revealed a higher prevalence of NSSID in female patients and in patients with mood disorders. In the total sample, 52% of our in-patients were classified with an unresolved attachment status.

Results

Our in-depth analysis of the total sample revealed that patients with NSSID demonstrated more traumatic material in their attachment interviews indicating a greater severity of attachment trauma. In particular the theme of helplessness in interpersonal conflicts left them in a state of attachment dysregulation.

Conclusions

Based on our findings, we introduce a novel attachment-based intervention tool designed for adolescent psychiatric settings. In a single case presentation we illustrate how this approach helped us to target traumatic attachment-related themes in an adolescent patient engaging in NSSI.



GNTH-initiatives for smoke-free hospitals - the FTGS-approach in Switzerland

Abstract ID: 128

Symposium: S94 - Supportive care for adolescents

Presenting author: Oliver Bilke-Hentsch, *Luzerner Psychiatrie/Universität Luzern KJPD lups Luzern, SWITZERLAND*

Background/Objective

Tobacco-related health problems are the concern both of somatic as well as psychiatric experts. In CAPP clinics very often the problem of smoking is seen as a minor health issue compared to psychiatric multimorbidity. On the other hand an admission to a psychiatric hospital can be a "teachable moment" to change the lifestyle, including tobacco use. In Switzerland, more than ten major hospitals are part of the FTGS (Forum Tabakprävention in Gesundheitsinstitutionen der Schweiz) as a part of the GNTH

(Global network for tobacco free hospitals) and have a certified quality management system in this field. There are very good examples of the implementation of the 8 standards in psychiatry in the GNTH network that can be used for orientation in the Swiss network FTGS.

Method

We examined the concepts and web-informations of Swiss psychiatric hospitals concerning a smoke free policy and compared the findings with the 8 outlined FTSGS/GNTH-standards

Results

None of the CAPP-hospitals in the German speaking part of Switzerland shows a significant or systematic smoke-free approach despite FTGS-standards are available. First successes in the implementation of FTGS have been implemented in the Bellelay Clinic in the French part of Switzerland. Its concept is similar to one implemented in a psychiatric in Ireland.

Conclusions

There is a major need for CAPP and psychiatric hospitals to confront the tobacco problem in the patient population. Standardised as well as tailored measures could be helpful.

Co-authors:

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Can childhood maltreatment cause ADHD? A systematic review of prospective longitudinal studies using the Bradford-Hill criteria.

Abstract ID: 129

Symposium: S3 - Pathways from early trauma to mental health outcomes: A Lifespan perspective

Presenting author: Evi Bali, *University Of Glasgow Institute of Health and Wellbeing Glasgow, UNITED KINGDOM*

Background/Objective

Children with an Attention-deficit/hyperactivity disorder (ADHD) diagnosis have experienced more childhood maltreatment (CM) than non-ADHD people. Children exposed to CM (physical abuse and neglect, emotional abuse and neglect and sexual abuse and early deprivation) have higher odds of an ADHD diagnosis.

Method

The systematic review was restricted to longitudinal studies between the years: 1985-2021, examining the prospective impact of ADHD on CM and vice versa. The method and reporting followed PRISMA guidelines. We assessed the quality of the studies and the risk of bias with the Crowe Critical Appraisal Tool. The Bradford-Hill criteria were used to assess the causal links between ADHD and CM.

Results

The strength of the associations between ADHD and CM and the severity of their symptoms appear to

be affected by genetic, social, familial, personal factors; the types of ADHD and the forms of CM. Eight studies found the experience of maltreatment in childhood preceded ADHD diagnosis or symptoms in the lifespan. Three studies highlighted the bidirectional effects: ADHD can proceed to CM and CM can proceed to ADHD symptoms.

Conclusions

There is a strong association between ADHD and CM that can start from childhood and persist in adulthood. But there is not enough evidence to support a specific direction of causality in the relationship between ADHD and CM, irrespective of which condition proceeds the other. The complexity of the association between ADHD and CM is unlikely to be described using traditional linear epidemiological methods.



SAFIR FAMILY TALK: an ongoing randomized controlled trial investigating a selective primary preventive intervention vs. service as usual for children of parents with mental illness

Abstract ID: 130

Symposium: S6 - Interventions for children of parents with a mental illness

Presenting author: Anne Ranning, University of Copenhagen/Mental Health Centre Copenhagen Institute of Psychology Copenhagen, DENMARK

Background/Objective

Children of parents with mental illness have an increased risk of developing mental illness themselves. This is due to genetic factors but also environmental disadvantages during childhood associated with parental mental illness. Selective primary preventive interventions are recommended to mitigate risk-factors and strengthening protective factors, but large-scale, longitudinal studies are needed.

Method

The study is a randomized clinical trial with 286 planned families with at least one parent with any mental illness and at least one child age 7 to 17 years. It will be carried out in the mental healthcare system in the Capital Region of Denmark. Families will be referred from hospitals and municipalities. The children and parents will be assessed at baseline and randomized and allocated to either Family Talk Preventive Intervention or service as usual. The intervention is a manualized program consisting of ~ seven sessions program for the family, including psychoeducation about parental mental illness and resilience in children, stimulating dialogue between family members and creating a common family narrative. The study period for both groups will be 12 months. Follow-up assessments will be conducted after 4 and 12 months. The primary outcomes are the children's level of functioning, parental sense of competence and family functioning.

Results

NA

Conclusions

Given the prevalence of transgenerational transmission of mental illness, a systematic approach to prevention is needed in the mental healthcare setting. This study provides valuable knowledge on the Family Talk Preventive Intervention with a large sample size, inclusion of any parental mental illness, and examination of the primary outcomes.



The 'Double Jeopardy Model': Can we improve prediction of children and young people at clinical-high-risk of poor mental health outcomes

Abstract ID: 133

Symposium: S3 - Pathways from early trauma to mental health outcomes: A Lifespan perspective

Presenting author: Ruchika Gajwani, *University of Glasgow Mental Health and Wellbeing Glasgow, UNITED KINGDOM*

Background/Objective

Childhood adversity is associated with psychopathology. There is also strong evidence for a genetic overlap between neurodevelopmental disorders and the increased risk of developing severe mental health difficulties in adulthood. We propose a model for the interaction between adverse childhood experiences (CTEs) and neurodevelopmental disorders (NDDs) that would explain why some children and adolescents may be at greater risk of developing severe mental health difficulties.

Method

Findings from two different studies will be presented: 1) In a population-representative Swedish twin study, CTEs and NDDs were assessed at age 9 in 3,348 nine-year old twins born between 1998 and 2001, and followed up at age 15 for juvenile mania 2) Cross-sectional study in two groups of a clinical sample of young people (N=48) with severe mental health difficulties (Psychosis and Borderline Personality Disorder). Data on NDDs, CTE's and emotional dysregulation were analysed using mediational analysis.

Results

Findings from study 1 showed that both CTEs and NDDs at age 9 contributed uniquely to an increase in mania symptoms at age 15. Children with both risk factors had twice as many mania symptoms as children with no exposure (IRR: 2.05, 95% CI 1.65-2.55). Findings from study 2 showed a significant relationship between NDD screening result and borderline pathology, mediated by emotional dysregulation.

Conclusions

NDDs are at least as important as CTEs in the development of severe psychiatric presentations - our results provide initial support for a double jeopardy model and imply that children with a history of both CTEs and NDDs should be monitored closely.



Adolescent mental health before and during the COVID-19 pandemics: The 2004 Pelotas Birth Cohort

Abstract ID: 134

Symposium: S84 - COVID-19 Session 2

Presenting author: *Alicia Matijasevich, Universidade de São Paulo / Faculdade de Medicina FMUSP Departamento de Medicina Preventiva São Paulo, BRAZIL*

Background/Objective

There is an urgent need to investigate the impacts of the Covid-19 pandemic on adolescent mental health. Longitudinal studies with data before and during the pandemic are essential to inform which factors are associated with a higher risk of presenting mental health problems and identify vulnerable groups.

Method

The 2004 Pelotas Cohort is an ongoing population-based birth cohort from Brazil. 1558 adolescents and caregivers were assessed in person before and during the pandemic. The Strengths and Difficulties Questionnaire was used to assess adolescent mental health problems. Potential risk factors included socioeconomic variables, maternal mental health, family conflicts, perceived impact of the pandemic, and adopted social distancing levels.

Results

The prevalence of any mental health problems significantly increased in these adolescents, from 23.07% (95%CI 21.00-25.24) to 27.97% (95%CI 25.77-30.28). The adjusted model showed that the adolescents who had any pre-pandemic mental health problems before the pandemic were particularly vulnerable to present mental health problems during the pandemic (OR total difficulties = 6.68 [95%CI 4.73-9.42]; OR hyperactive-inattention = 4.87 [95%CI 3.29-7.21]; OR emotional problems = 4.78 [95%CI 3.64-6.28]; OR peer problems = 4.16 [95%CI 3.08-5.62]). Female adolescents presented nearly 80% more chance of having emotional problems during the pandemic than male adolescents (OR = 1.82, 95%CI 1.38-2.39, $p < 0.001$). Low maternal schooling, severe maternal depressive symptoms, harsh parenting, fear of food shortage, and perceived family conflicts also emerged as important risk factors for adolescent mental health problems during the pandemic.

Conclusions

The pandemic had negative consequences on adolescents' mental health, especially for the most vulnerable ones.

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An international community of practice for CAP training – a Delphi study

Abstract ID: 139

Symposium: S22 - International networks in CAP training: I get by with a little help from my friends

Presenting author: Peter Deschamps, UMC Utrecht Psychiatry Utrecht, THE NETHERLANDS

Background/Objective

BACKGROUND: Effectiveness in CAP training can gain by international cooperation, sharing insights on what and how to teach. First initiatives in a trusting collaborative network around training CAP include selection, pre-graduate training, curriculum building, course development, assessment and continuous medical education. A Delphi-study was designed to identify needs and feasibility for an international CAP training learning community.

Method

METHODS: In an iterative process four groups of stakeholders from across the EU provided their opinion on the desired nature and feasibility of international activities. Participants were trainers already involved in international activities around training and education in CAP (n=30), CAP trainers not (yet) involved in international training activities (n=30), CAP trainees representing EU countries and patient-carer organizations (n=30). They rated statements on content and feasibility of international CAP training activities. In between rounds, based on the input of the previous round, statements were adjusted while participants were able to take the opinions of the group into account.

Results

First, this study will show a number of topics for further deployment of the community of practice that more than 80% of experts in training (both from a trainee, a trainer and consumer perspective) agree are important or crucial. Next, the study provides a priority ranking of items. Third, reasons for including activities will be described. Finally, experts will provide input on whom is likely to help nourish future network building.

Conclusions

Results will be used as guidance for the development of future international network building around CAP Training and in itself helped strengthen the network.



Accumulated risk factors of maternal violence related PTSD and related concepts associate in dimensional way to child pathology and other outcome risks.

Abstract ID: 140

Symposium: S13 - Intergenerational Transmission of Traumatic Stress and Attachment-Related Risk Prenatally and Postnatally: Mechanisms and Implications for Intervention

Presenting author: Dominik Moser, University hospitals of the Canton of Vaud (CHUV) Child Psychiatry Lausanne, SWITZERLAND

Background/Objective

Several studies showed that children of parents suffering from psychological disorders such as post-traumatic stress disorder (PTSD) are at higher risk for psychopathology and reduced socioemotional skills. However maternal PTSD and other psychopathology is associated both with numerous other maternal (risk) factors as well as a complex pattern of potential child outcome variables. The present study aimed to examine the longitudinal relationship between maternal variables of 62 mother-child dyads measured when children were infants (between 1 and 3.5 years old, Phase 1), and child outcomes when they were 5 to 9 years old (Phase 2) with a focus on the context of PTSD.

Method

To identify and give some order to associated dimensions we employed sparse canonical correlation analysis (sCCA) aimed at associating dimensions of a dataset of 20 maternal variables at Phase 1 with those of a dataset of more than 20 variables of child outcome at Phase 2.

Results

sCCA found that a maternal dimension of PTSD and related concepts were significantly and reliably associated with a dimension of negative child outcomes. The maternal variables with the highest weights were PTSD as well as depression, dissociation symptoms, and report of parental stress. The highest weighted child outcomes were psychopathology (PTSD, anxiety, depression symptoms) and bullying perpetration and victimization.

Conclusions

The study highlights how dimensional and multi-faceted - both for mothers as well as children - the inter-generational transmission of violence and its related problems is. It further underscores the importance of early intervention aimed at both the mother and the dyad.



Mandatory check for COPMI in adult mental healthcare services in the Netherlands – a quantitative and qualitative evaluation

Abstract ID: 144

Symposium: S88 - Impact of the organization of healthcare services.

Presenting author: Sophie Leijdesdorff, Maastricht University Psychiatry and neuropsychology Maastricht, THE NETHERLANDS

Background/Objective

Children of parents with a mental disorder and/or addiction (COPMI) are at increased risk of developing a mental disorder. In spite of preventive interventions that can decrease the risk of problem development, COPMI are not automatically offered help. In 2013, a mandatory COPMI check was implemented in the Netherlands, requiring every mental health care professional to check whether their adult patients have children and to assess these children's safety and needs. Earlier research has shown that a gap between these regulations and the actual integration in clinical practice is not uncommon.

Method

In the current study, we evaluated the implementation of the mandatory COPMI check in the Netherlands, using quantitative as well as qualitative data from a large mental healthcare organization in the Netherlands that offers both Child and Adolescent Mental Health and Adult Mental Healthcare.

Results

Files from 14,469 patients were analyzed quantitatively and a sample of 150 files was further analyzed in depth. Findings were refined through 4 focus groups with adult mental healthcare professionals. It was found that while there are examples of the tool leading to interventions for COPMI, the tool is often not used, and when used tends to direct the focus away from COPMI needs and organizing help towards the more narrow and problematic focus on safety and reporting to child abuse authorities.

Conclusions

The potential of the COPMI check is currently not fully realized. Strategies to improve its effectiveness in clinical practice are needed to improve access to (preventive) interventions for COPMI.

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Who is @ease? Visitors' data and working method of professionally supported peer-to-peer youth walk-in centres, anonymous and free of charge

Abstract ID: 145

Symposium: S105 - Innovative interventions for youth

Presenting author: Sophie Leijdesdorff, Maastricht University Psychiatry and neuropsychology Maastricht, THE NETHERLANDS

Background/Objective

Although mental disorders often emerge early in life, only a minority of young people receives timely and appropriate mental health care. A worldwide youth mental health movement aims to prevent development and persistence of psychiatric disorders. As part of this movement, the first five @ease-centres were opened in the Netherlands. @ease is a youth driven, professionally supported initiative, providing peer-to-peer counseling, anonymous and free of charge, for people aged 12-25.

Method

Data consists of a detailed description of the working method of @ease, combined with characteristics of all young people accessing the services between the start in January 2018 and December 2021.

Results

Peer-workers, including experts by experience, were trained in listening, motivational interviewing and solution focused strategies and supervised by a diverse group of healthcare professionals. A total of 935 visitors, aged 20 on average, were satisfied to very satisfied with @ease's services. Psychosocial distress, social functioning and quality of life measures at first visit showed moderate to severe levels of impairment and almost half of all visitors skipped school. One third reported parental mental illness, 29% suicidal ideations and 11% had made specific plans to end their life. Only one quarter of all visitors received mental health care in the three months prior to their visit.

Conclusions

This study showed the necessity and feasibility of a youth driven, professionally supported organization offering peer-to-peer counseling in the Netherlands. @ease has shown to be a flexible organization, aiming at normalizing where possible and intervening when necessary.

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Treatment approach "Robin": standardized manual and smartphone app for adolescents at clinically high risk for developing a psychotic disorder

Abstract ID: 146

Symposium: S18 - New developments in the assessment and treatment of young people with a clinical high risk state of psychosis

Presenting author: Nina Traber-Walker, University of Zurich Department of Child and Adolescent Psychiatry and Psychotherapy Zurich, SWITZERLAND

Background/Objective

The CHR Symptoms typically occur during adolescence, which is a very sensitive developmental period. Age-appropriate treatment approaches that address youth-specific interests, the complex symptomatology, associated burden, and functional impairment are needed. However, there is a lack of research on treatment strategies for this age group. To fill this gap, we have developed the combined treatment program "Robin" (standardized manual and smartphone app). The program targets CHR symptoms, comorbid symptoms, and improvement in quality of life and daily functioning. The smartphone application "Robin Z" is an add on treatment tool to support patients between sessions. Since September 2017, the effectiveness of our treatment approach has been evaluated with a systematic clinical intervention study.

Method

CHR symptoms, comorbid symptoms, functioning, self-efficacy, and quality of life are monitored at six time points (baseline, during the treatment phase, immediately after the intervention, and 6, 12, and 24 months later). For the control condition (treatment as usual), participants from a previous study will be included.

Results

By the end of September 2021, a total of 30 help-seeking CHR adolescents (18 female, mean age 16.1) were recruited for the intervention group. First results on treatment effects will be presented in the symposium.

Conclusions

To the best of our knowledge, this is the first controlled study to examine the efficacy of a specific early psychosis treatment in combination with a smartphone app for CHR youth. The results are clinically important and should provide essential information for both the field of eMental Health and the topic of early intervention for psychosis.



Dawning of Delirium at the Neonatal Intensive Care Unit (NICU)

Abstract ID: 147

Symposium: S23 - Child psychiatry and somatic comorbidity

Presenting author: Husam Salamah, Maastricht University Medical Center+ Department of Psychiatry and Psychology, Division of Child and Adolescent Psychiatry and Psychology MAASTRICHT, THE NETHERLANDS, University of Maastricht School for Mental Health & Neuroscience (MHeNS) MAASTRICHT, THE NETHERLANDS

Background/Objective

Although pediatric delirium is prevalent in children with critical illness, little is known about delirium in neonates and preterm infants. In this pilot study, a first assessment to detect agitation and apathy as precursors of delirium was done in infants admitted to the neonatal intensive care unit (NICU). In addition, the utility of (diagnostic) delirium screening instruments for neonates were evaluated.

Method

A prospective cohort pilot study focusing on daily observations of agitation and apathy as precursors of pediatric delirium, in preterm and neonatal infants (26-44 weeks of age). The Neonatal Pain Agitation and Sedation scale (N-PASS) and the Cornell Assessment of Pediatric Delirium (CAPD) were used as screening tools.

Results

Preliminary data, halfway the study, indicated common occurrence of agitation and apathy in preterm and neonatal infants. Furthermore, the inter-rater reliability of both the NPASS and the CAPD were (very) good. As yet, no significant association were found between the occurrence precursors of delirium (agitation and apathy) and each of the somatic comorbidities individually. Interestingly, after controlling for age and sex a significant association was found between delirium precursors and hypoxia.

Conclusions

Although diagnosing delirium in neonates can be very challenging, agitated and apathetic behavior, precursors of delirium, were commonly observed in the current study. Since this field is still in its infancy, future research is needed, including the development of more suitable observation tools to detect delirium symptoms in this unique population.

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Paediatric mental disorders: the unity of body and mind

Abstract ID: 148

Symposium: S23 - Child psychiatry and somatic comorbidity

Presenting author: Marian Staal, *Care4Kidz Child and Adolescent Psychiatry Schimmert, THE NETHERLANDS, Maastricht Universitair Medisch Centrum + Psychiatry and Psychology, Division of Child and Adolescent Psychiatry and Psychology Maastricht, THE NETHERLANDS*

Background/Objective

The effects of somatic disease on development of mental disorders in children remain unclear. A set of (somatic) vulnerability factors and their consequences can serve as one of the logical paths for the development of (child) psychiatric disorders in the short and long term. This provides the opportunity for prevention and intervention aimed at improving public health and alleviate the burden of psychological disorders.

Method

A clinical perspective focusing on the common factors as seen in hospital settings that play a major role in the interactive process between somatic and mental state of wellbeing. An example of awareness of comorbid somatic factors in a pediatric mental health clinic will be shown.

Results

Psychiatric disorders are the result of a complex interplay between various factors as genetics, stress, childhood adverse events and socio-economic status including somatic disease. The combination of the (somatic) vulnerability factors could impact mental health negatively and also lead to disturbed developmental milestones. In mental health institutions, somatic vulnerability factors are often not taken into account.

Conclusions

Raising awareness of probable relationships between pediatric mental health and somatic comorbidity is needed, as are future research and evaluation of care studies.

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Unravelling bidirectional associations between harsh parental discipline and offspring emotional and behavioural problems: Triangulating findings across three longitudinal models

Abstract ID: 149

Symposium: S25 - The Two-Way Road - Transactional Processes of Parenting and Child Mental Health Outcomes

Presenting author: Marie-Louise Kullberg, *Leiden University Clinical Psychology Leiden, THE NETHERLANDS*

Background/Objective

Understanding the nature and direction of associations between parenting and child problems is important for prevention and intervention strategies, such as to support families in fostering child mental well-being. The aim of the current study is to elucidate associations between parental harsh discipline and child emotional and behavioural problems in identical twins aged 9, 12 and 16.

Method

Child reports of 5,698 identical twins from the Twins Early Development Study (TEDS) were analysed. We tested three types of longitudinal structural equation models: a cross-lagged panel model (CLPM), a random intercept CLPM (RI-CLPM) and a monozygotic twin difference version of the CLPM (MZD-CLPM) and compared findings from these distinct approaches to draw causal inferences.

Results

Child's behavioural problems resulted in harsher parental discipline across all models. Moreover, findings in all models converged that emotional problems at age 9 did not predict parental discipline at age 12 and that parental discipline at age 12 did not predict emotional problems at age 16. All other associations between parental harsh discipline and child emotional and behavioural problems varied across models.

Conclusions

Findings can be interpreted as corroborating (but not definite) evidence in favour of a causal effect of child behavioural problems on experienced harsh parental discipline. Yet, in light of the triangulated methods, results also illustrate divergence in the outcomes. Therefore, caution from researchers and clinicians is needed when interpreting findings from longitudinal models. Clinical and research implications will be discussed during the presentation.

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Pre-pandemic emotion regulation as a protective factor for adolescent mental health problems during the COVID-19 pandemic

Abstract ID: 150

Symposium: S82 - COVID-19 Session 1

Presenting author: Alicia Matijasevich, University of São Paulo Department of Preventive Medicine São Paulo, BRAZIL

Background/Objective

Emotion regulation is associated with maintained emotional well-being in the face of adversities. This study investigated the protective role of emotion regulation on adolescent mental health using data before and during the pandemic from a prospective, population-based Brazilian birth cohort.

Method

1558 adolescents and caregivers from the 2004 Pelotas Birth Cohort were assessed in person before and during the pandemic. Emotion regulation was assessed using the Emotion Regulation Index for Children and Adolescents. The Strengths and Difficulties Questionnaire was used to assess adolescent mental health problems. Severe maternal depressive symptoms, family conflicts, perceived impact of the pandemic, and harsh parenting were examined as risk factors of emotion regulation problems during the pandemic.

Results

There was a significant increase in emotion regulation scores from before to during the pandemic of 1.88 (95% CI 1.58-2.19) points (Cohen's $d = 0.288$). Predictors of lower emotion regulation scores included fear of food shortage ($b = -0.81$, $p < 0.05$), family conflicts ($b = -3.08$, $p < 0.001$), female sex ($b = -0.69$, $p < 0.05$), harsh parenting ($b = -0.16$, $p < 0.001$), and severe maternal depressive symptoms ($b = -1.08$, $p < 0.05$). Higher emotion regulation scores before the pandemic were associated with a decreased risk of presenting mental health problems during the pandemic in the fully adjusted model (OR = 0.94, 95% CI = 0.92-0.97, $p < 0.001$).

Conclusions

Higher levels of emotion regulation emerged as a buffering factor for adolescent mental health difficulties related to the COVID-19 pandemic.

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Relational Savoring: A Positive Psychology Intervention Targeting the Enhancement of Mentalizing

Abstract ID: 151

Symposium: S27 - MBT Group: Working with Parents from a Mentalization Based Approach

Presenting author: Lyric Russo, University of California, Irvine Social Ecology Irvine, UNITED STATES

Background/Objective

Relational savoring (RS) is a brief intervention grounded in positive psychology and attachment theory that involves reflecting deeply on a positive emotional experience occurring with another person. RS has shown promise in improving psychological indicators of well-being among various populations, particularly parents. From a theoretical perspective, a central therapeutic target of RS is mentalizing (reflective functioning, RF) about the emotions of both the self and one's child as such capacities are linked to parenting sensitivity and child attachment security, and thus associated with optimal psychosocial development in children.

Method

In this presentation, empirical findings and clinical material from three studies of parents will be utilized to illustrate the impact of RS on RF. Further, by drawing on a study of mothers of young children, and through comparing RS and a control savoring condition known as personal savoring (i.e., individuals savor an experience not involving another person), we examine the mechanisms underlying the link between savoring and RF.

Results

Findings from mediation analyses reveal that both relational and personal savoring can contribute to enhanced RF, albeit through different means: RS, for example, has an indirect effect on RF through greater connectedness, specificity, and positivity (marginally) of savoring content, while personal savoring has an indirect effect on RF through greater self-focus.

Conclusions

Taken together, our findings provide support for RS as a mentalizing-focused intervention. Implications of these findings for treatment development will be discussed.

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Gerin Gaskin, University of California, Irvine Psychological Science Irvine, UNITED STATES
Jessica Borelli, University of California, Irvine Psychological Science Irvine, UNITED STATES



The Mediation Intervention for Sensitizing Caregivers: Evidence from South Africa and mothers with Borderline Personality Disorder

Abstract ID: 152

Symposium: S27 - MBT Group: Working with Parents from a Mentalization Based Approach

Presenting author: Carla Sharp, *University of Houston Psychology Houston, UNITED STATES*

Background/Objective

In this presentation, we introduce participants to a mentalization-based treatment called the Mediation Intervention for Sensitizing Caregivers (MISC).

Method

We first present a quasi-experimental feasibility trial in South Africa with 88 orphan and vulnerable children in South Africa, half of which were randomized to MISC, while the other half received Treatment as Usual (TAU). Caregivers in an after-school care program in Community-based Organizations were trained in MISC and outcomes in Strengths and Difficulties and video-based observations of caregiving quality were recorded. The second study involved over 100 mothers with and without Borderline Personality Disorder (BPD), who completed measures of parenting; and of whom a subsample was interviewed qualitatively with the goal of adapting MISC for this population.

Results

We show that MISC makes clinically and statistically significant reductions in mental health outcome over three timepoints (baseline, 6 months and 12 months) in orphans and vulnerable children compared to children who receive TAU. We also show statistically significant improvement in the quality of caregiving. We also show that MISC can be adapted for mothers with BPD and that it is deemed acceptable and feasible.

Conclusions

In summary, this presentation (1) introduces the MISC intervention to participants and highlights its mentalization-based learning components; (2) provide the evidence base for MISC in two populations: caregivers taking care of children orphaned by HIV/AIDS in South Africa; and mothers with Borderline Personality Disorder; and (3) provide video-based examples of MISC in action.

Co-authors:

Kiana Wall, *University of Houston Psychology Houston, UNITED STATES*



Working with parents alongside mentalization based treatment with children, with a special focus on working with traumatized parents.

Abstract ID: 156

Symposium: S27 - MBT Group: Working with Parents from a Mentalization Based Approach

Presenting author: *Nicole Muller, Centrum Hecht SGGZ Leiden, THE NETHERLANDS*

Background/Objective

Mentalization Based Treatment with Children (MBT-C) is a time-limited approach to working with children in middle childhood (ages 5-12) and their parents. It is a flexible approach for use in clinical settings to address a range of childhood difficulties including; emotional and behavioural problems, anxiety, depression, and relational difficulties. In this model the child and the parents are offered the same amount of sessions. Compared to more traditional psychoanalytic child psychotherapy this is a major shift.

Method

The aim of this presentation is to present case-material as best practice, since the research for MBTC time-limited just started.

Results

MBTC time-limited is shown to be very effective for many children. The most difficult cases are the ones in which the parent and also the child are traumatized. Being traumatized has a direct effect on the mentalizing capacity of the parent. I will present about the mentalizing work with these traumatized parents, who are often in a sort of 'blocked care' position. They are often less sensitive towards the child and show affective disrupted parenting behaviour.

Conclusions

In the assessment phase it is important to address the mentalizing capacity of the parent as well as their attachment behaviour towards their child. When a parent is traumatized her behaviour towards the child is often disorganized and the mentalizing capacity disturbed. Psycho-education about the effect of their trauma on their parenthood, help to stop the disorganizing behaviour and help with developing more attuned behaviour creates a situation in which their mentalizing capacity can grow.



The impact of COVID-19 on adolescents' daily lives – and the role of the parents

Abstract ID: 157

Symposium: S25 - The Two-Way Road - Transactional Processes of Parenting and Child Mental Health Outcomes

Presenting author: *Robin Achterhof, KU Leuven Center for Contextual Psychiatry Leuven, BELGIUM*

Background/Objective

The COVID-19 pandemic is purported to have had a massive impact on adolescents' daily lives, with expected increases in loneliness, stress, and irritability – yet, this impact has not been measured within adolescents' day-to-day contexts. With the possibility for social interaction with peers disrupted, young people have had to spend more time at home with their parents, likely making the role of parental figures increasingly important.

Method

Within the SIGMA study, we used experience sampling to assess changes in daily irritability, stress, loneliness of $n = 173$ adolescents – from before to the early stages of the COVID-19 pandemic. In addition, the moderating role of the quality of the parent-child relationship in these changes was examined.

Results

Results indicated an increase in daily loneliness, but somewhat surprisingly, no changes in daily stress, and a decrease in daily irritability. The quality of both the mother-child and father-child relationship were negatively associated with daily irritability and loneliness, and buffered against a loneliness increase from before to during the pandemic. Parent-child relationship quality was not associated with the amount of daily family conflict, but it was associated with the burden of these conflicts.

Conclusions

Overall, effect sizes were small, indicating a limited effect of the early pandemic on initial daily ill-being. These findings are discussed in light of a broader literature that also largely indicates no particularly maladaptive short-term effects during the early stages of the pandemic – although more recent research does show us a more pronounced effect in the long term.

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International examination and assessment for CAP trainees: a bumpy road uphill

Abstract ID: 158

Symposium: S22 - International networks in CAP training: I get by with a little help from my friends

Presenting author: Krisztina Kapornai, *University of Szeged Child and Adolescent Psychiatry Department Szeged, HUNGARY*

Background/Objective

The UEMS Section of Child and Adolescent Psychiatry is currently developing a tool for self-assessment and examination. The assessment of knowledge is commonly done through multiple-choice questions. Our aim is to develop a UEMS - Question Bank that can be used in CAP training and education throughout Europe. This initiative fits the main mission of UEMS-CAP Section: to improve quality of care by enhancing and harmonizing training and education.

Method

Questions originate from multiple sources and we aim to have them reflect a broad area of subjects relevant for clinical practice in CAP in line with the UEMS-CAP Curriculum Framework. This development has a long history and we can report some results in the present, however, many challenges can be outlined for the future.

Results

We have an online platform working, where questions can be submitted and discussed. In the last few years, we are facing the challenges of the recruitment of question writing experts and developing a professionally and financially feasible system to set up and maintenance of The Question Bank with good quality MCQs. Our plan is to invite a panel of experts from multiple national and international organizations, the EFPT, ESCAP, Eunethydis among others.

Conclusions

The UEMS - MCQ Bank will serve to help trainees with the repetition of knowledge and thus enhance learning process when they prepare for the test, make the actual test and receive feedback. Taking a life-long learning perspective, registered CAP will be able to use the test to assess their level of knowledge.



Characterising Avoidant Restrictive Food Intake Disorder in Children: a Population-Based Approach

Abstract ID: 159

Symposium: S20 - Building bridges: the epidemiology of eating disorder symptomatology in childhood and its neurobiological correlates.

Presenting author: Michelle Sader, *University of Aberdeen Medicine, Medical Sciences and Nutrition Aberdeen, UNITED KINGDOM*

Background/Objective

Avoidant/Restrictive Feeding Intake Disorder (ARFID) was recently identified as an eating disorder (ED) diagnostic category in the DSM-5 and is characterised by food avoidance/ restriction which negatively impacts the overall health of an individual. ARFID currently represents a largely unexplored area of ED research, with limited literature regarding its prevalence, symptomatology, behavioural correlates, recovery paradigms and forms of prevention. This study aims to classify ARFID using the Generation R Study, a population-based cohort, and establish condition-related prevalence and correlates within children aged 10 years.

Method

ARFID was assessed via generation of an ARFID Index informed by the DSM-5 diagnostic criteria, which comprised of five measures assessing picky eating, (absence of) weight concern, diet quality, growth and psychosocial impact.

Results

Using the Index classification, 292 (9.2%) out of 2876 children were classified as likely to have ARFID. Compared with controls, those with ARFID also expressed decreased enjoyment of food, increased satiety responsiveness and increased emotional undereating, as well as expressed increased scores on emotional syndrome subscales from the Child Behaviour Checklist (i.e., anxiety, depression, social problems, attention problems, obsessive/compulsive problems). There were no significant sex interactions across appetitive or behavioural correlates in the ARFID cohort.

Conclusions

Using the ARFID Index generated in the current study, we were able to categorise children as likely to have ARFID who had an appetitive and emotional symptomatology which reflects the hypothesised ARFID profile and significantly differed from children not falling within the Index.

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Attachment patterns and attachment-based affect regulation in mothers of a psychiatric parent-child ward

Abstract ID: 160

Symposium: S19 - Attachment and trauma: The effects of early intervention in child and adolescent psychiatry

Presenting author: Ann-Christin Jahnke-Majorkovits, *Kinder-und Jugendpsychiatrie Hall Child and Adolescent Psychiatry Hall in Tirol, AUSTRIA, University hospital Child and Adolescent Psychiatry Innsbruck, AUSTRIA*

Background/Objective

In pre-school age, the parent-child relationship and the parent-child interaction are central elements of the development and maintenance of the child's psychological symptoms, in terms of a risk and etiological factor. The extent of parental sensitivity plays a major role, which in turn is significantly influenced by the attachment pattern and the attachment-related defense mechanisms of the parents. By assessing attachment-related defense mechanisms and attachment trauma the associated non-mentalized emotions of the attachment figure can be revealed and integrated into the treatment of parents and their children.

Method

We assessed attachment representations and attachment-based defensive processes using the Adult Attachment Projective Picture System (AAP) in mothers (N=25) of a psychiatric parent-child ward. The Adult Attachment Projective Picture System (AAP) is a reliable and valid tool to classify attachment patterns and it allows to assess the attachment-related defensive processes.

Results

All mothers of our sample showed unsecure attachment representations, in 30% even an unresolved attachment status with hints to own traumatic attachment experiences. The analysis of the attachment-based affect regulation revealed high scores concerning the deactivation or cognitive disconnection of attachment-related affects and low scores in self-efficacy and synchrony in relationships.

Conclusions

Based on a detailed case study we will illustrate that the diagnostic information of attachment patterns and attachment-based defensive processes in mothers of a psychiatric parent-child ward can be integrated into the psychotherapeutic intervention and help clinicians to understand complex symptoms and interaction patterns in the network of a family.



Prevalence and predictors of self-harm and suicidality in adolescents hospitalized in a mental health inpatient unit

Abstract ID: 161

Symposium: S28 - Adolescent Suicidality in Different Psychiatric Contexts: Overview and Prevention

Presenting author: Marco Armando, *Lausanne University Hospital Child and Adolescent Psychiatry Lausanne, SWITZERLAND*

Background/Objective

There is a particularly high incidence of psychiatric pathologies among young people hospitalized for a suicide attempt. Among them, between 48% and 87% suffer from associated disorders, such as depression, anxiety disorders, attention deficit disorder, conduct disorder or autism spectrum disorder, which leads to 60% of them being referred to psychiatric inpatient units. It is thus necessary to describe the characteristics associated with suicidality in adolescents hospitalized in inpatient units, to describe the links between suicide and other psychiatric pathologies, and to propose innovative solutions for suicide prevention in this specific context.

Method

In order to try to answer these questions, we have analyzed retrospectively clinical and personal data on 750 adolescent patients consecutively admitted in our adolescent psychiatric inpatient unit over the past 5 years. Specifically, we have analyzed, among others data from HoNOSCA, main and secondary diagnoses, treatment during hospitalization and at discharge, nursing care provided and medical and nursing follow-up notes.

Results

Among the 750 adolescents (average length of stay = 16.3 days), 372 (49%) had significant suicide-related thoughts and behaviors (STBs)(76% were females) at the time of entry and the most frequent diagnosis at entry was a major depressive disorder. In the previous 12 months, 83 out of 174 (48%) adolescents were hospitalized because of STBs, indicating a relative stability in the proportion of STBs.

Conclusions

These data highlight the prevalence of STBs among adolescents hospitalized for acute mental health issues, which often represent a major source of concern for the team and the patients' relatives after discharge.

Co-authors:

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Genome-wide gene-environment interplay on child subcortical brain structures and psychopathology risk

Abstract ID: 163

Symposium: S87 - Genetics in CAP

Presenting author: Koen Bolhuis, *Erasmus Medical Centre Child & Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

Although it is well-established that both genes and environment influence brain development, they are

typically examined separately. Here, we aimed to prospectively investigate the interactive effects of genetic variants – from a genome-wide approach – and early life stress (ELS) on child subcortical brain structures, and their association with subsequent mental health problems.

Method

Primary analyses were conducted using data from the Generation R Study (N=2,257), including genotype and cumulative prenatal and postnatal ELS scores (encompassing life events, contextual risk, parental risk, interpersonal risk, and direct victimisation). Neuroimaging data were collected at age 10 years, including total and subcortical volumes. Genome-wide-by-environment interaction analyses (GWEIS) were conducted, from which polygenic scores (PGS) were calculated for validation in an independent cohort (ABCD Study; N=10,751), in relation to subcortical volumes and mother-reported mental health problems.

Results

One GWEIS-prenatal stress locus was significantly associated with caudate volume (rs139505895, mapping onto PRSS12 and NDST3) and two GWEIS-postnatal stress loci with the accumbens (rs2397823 and rs3130008, mapping onto CUTA, SYNGAP1, and TABP). Functional annotation revealed that these genes play a role in neuronal plasticity and synaptic function, and have been implicated in neurodevelopmental phenotypes such as intellectual disability, autism, and schizophrenia. In the validation sample, PGSGxE associated with several subcortical volumes, including the caudate, and all PGSgenotype were associated with their respective brain volumes. None of the PGS, however, associated with psychopathology.

Conclusions

This study lends novel insights into gene-environment interplay on the developing brain as well as pointing to promising candidate loci for future mechanistic studies.

Co-authors:

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Mental health in children and their caregivers: is there a need for family centered care?

Abstract ID: 166

Symposium: S23 - Child psychiatry and somatic comorbidity

Presenting author: Suzanne van Bronswijk, Maastricht University Medical Center+ Department of Psychiatry and Psychology Maastricht, THE NETHERLANDS, Maastricht University Department of Clinical Psychological Science Maastricht, THE NETHERLANDS

Background/Objective

Research indicates that mental health problems of children and their caregivers are interconnected. For example, children whose parents suffer from mood and anxiety disorders are more likely to develop mental health problems compared to children of parents without affective disorders. In addition, parents of children treated for mental health problems often report psychological problems themselves. Despite these associations, integrated family centered mental health care of children and their caregivers is not common practice. The aim of this study is to assess the occurrence and course of mental health problems in children and caregivers of patients (adults and children respectively) that seek mental health care. In addition, possibilities and barriers for family centered mental health care will be explored.

Method

Recruitment will take place in child and adult outpatient psychiatry departments. Children and caregivers of patients referred to these departments will be asked to participate in an observational study. In this study, demographic and clinical information will be acquired through interviews and questionnaires in the course of two years. In addition, focus groups with stakeholders will be organized to identify possibilities and barriers of family centered interventions in mental health care.

Results

In this presentation, we will outline our plans for future studies. In addition, we will ask the audience to brainstorm on possibilities and barriers of family centered mental health interventions as a kick-start of our focus group study.

Conclusions

Mental health problems of children and their caregivers often co-occur. Future research is needed to target and develop integrated family-centered mental health interventions.

Co-authors:

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Prevention after traumatic exposition in schools: clinical perspectives of intervention

Abstract ID: 167

Symposium: S33 - Innovative strategies to access mental health care for youth

Presenting author: Guillemette Bouard, Office Médico Pédagogique Department of Public Instruction Geneva, SWITZERLAND

Background/Objective

"L'Unité d'urgence" of the OMP is attached to the Department of Public Instruction of Geneva state, Switzerland. We are involved in situations of psychological or child psychiatry crises, within schools.

Method

To this end, we rely on theories supported by Mikulincer and Shaver (2015). They support that a moment with supportive and caring adults who accompany the process of symbolisation, during and after traumatic events, activate mental representations of attachment as well as feelings of hope and self-esteem. To this aim, our intervention is mostly in two axes. First, with the direction of school, we have seen that supporting and taking into account feelings can improve the capacity of facing the event. It also helps to restore the ability to manage the school to better contain the teaching team and by extension the children. Secondly, we work with teachers, reference figures for children within the school. We provide highlights on the announcement and understanding of death according to the age of children, frequently asked questions, manifestations that could lead to consult a specialist. Teachers are then better equipped to exchange with their students on these topics and are willing to welcome their emotions and feelings.

Results

Our practice show that taking action with the scholar network has more long-term benefit than working directly with the children school group. By activating security feeling and attachment processes through school environment of children, we are trying to prevent indirectly posttraumatic symptoms in children.

Conclusions

This presentation will describe our work and clinical observations related.

Co-authors:

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A severe presentation of schizophrenia in a young patient with a 2q13 duplication

Abstract ID: 168

Symposium: TCS1 - Trainee Case Session

Presenting author: Cecilia Sanjuan-Ortiz, *Hospital Universitario y Politécnico la Fe Psychiatry Valencia, SPAIN*

Background/Objective

Genetic regulation may influence the risk of suffering a neuropsychiatric disease. Previous studies on 2q13 CNVs have suggested a potential role of MIR4435-2HG gene, which encodes a lncRNA, in schizophrenia. This case report highlights the influence that dosage changes in the non-protein coding content in this location may have in the pathogenesis of schizophrenia.

Method

A 16-year-old teenager with a previous normal development and a congenital colonic defect suffered an important change of behavior, consisting on the progressive onset of loss of selfcare, social withdrawal, insomnia, and violent discussions during the next years. At 19 years old, admission in a

psychiatric ward was triggered by a violent episode. The patient presented poor and disorganized speech, affective flattening, and disorganized behavior, among others. No delusions or hallucinations were present. A diagnosis of schizophrenia was made. After two ineffective antipsychotic treatments, clozapine was started with slight improvement. A pericentromeric chromosome 2 inversion had previously been detected. An array genetic test was carried out.

Results

The genetic test showed a 2q13 duplication of 404 kb. Larger 2q13 CNVs have previously been related with schizophrenia. This shorter duplication only includes a MIR4435-2HG, a lncRNA which hosts a microRNA.

Conclusions

Current literature suggests the importance of gene regulation in the risk of suffering schizophrenia. This duplication in a teenager with schizophrenia helps to better characterize the role of 2q13 CNVs in schizophrenia. Finally, findings of 2q13 genetic abnormalities should lead to mental health supervision in children and adolescents.

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PROSPECT: Predicting Outcome and Suicidality during and Post-hospitalization: an EMA study in a Clinical unit for Teenagers

Abstract ID: 169

Symposium: S28 - Adolescent Suicidality in Different Psychiatric Contexts: Overview and Prevention

Presenting author: Maude Schneider, University of Geneva Faculty of Psychology and Educational Sciences Geneva, SWITZERLAND

Background/Objective

Suicidal Thoughts and Behaviours (STBs) predominantly occur in the context of mental health issues. Adolescents hospitalized in psychiatric units represent a particularly vulnerable population. Few studies have examined the course and predictors of STBs during hospitalization and after discharge, and the ones who did yielded inconclusive results. The majority of research focus on relatively “distal” and “static” risk factors using information collected at a single timepoint. However, STBs are fluctuant phenomena that are also likely to be influenced by the presence of contextual and “proximal” risk factors that also fluctuate over time. Furthermore, most studies have used questionnaires/interviews to measure STBs and relevant risk factors, which are prone to biases and poorly relate to daily-life measures.

Method

In that regard, Ecological Momentary Assessment (EMA), a structured diary technique collecting information in daily life through a dedicated app, represents a way to move research forward. Although still in infancy, EMA studies conducted in adolescents after a hospitalization period provided new insights regarding the course and mechanisms underlying the presence of STBs.

Results

In the first part of the presentation, we will show how EMA yields promising avenues for research in the field of STBs. In the second part, we will present the protocol of the PROSPECT project, a prospective study focusing on the frequency, course and predictors of STBs of inpatient adolescents from hospital admission until four weeks after discharge.

Conclusions

We believe that the PROSPECT study will contribute to bring new insights to research and clinical practice in the field of STBs.

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Quality of life post pediatric intensive care admission

Abstract ID: 179

Symposium: S23 - Child psychiatry and somatic comorbidity

Presenting author: Malaika Embrechts, *Maastricht University Medical Center Department of Psychiatry and Psychology, Division of Child and Adolescent Psychiatry and Psychology Maastricht, THE NETHERLANDS*

Background/Objective

As the ability to deliver critical care and advanced life support has improved, mortality rates in pediatric intensive care units (PICUs) have lowered. Increased survival, however, often leads to a rise in PICU-acquired complications including short and long-term morbidity. Research has shown that children may

have serious physical, psychosocial and neuropsychological problems after PICU admission, affecting their quality of life and functional health drastically. The aim of this study is to evaluate the effects of a PICU-admission on Health-Related Quality of Life (HrQoL) in children.

Method

Quality of life pre and post PICU admission, using the The PedsQL Measurement Model (modular approach to measuring health-related quality of life in healthy children), will be assessed from a cohort of children (aged 2-16 years) who have been admitted to the PICU of the Maastricht University medical Centre. These patients's quality of life scores will be compared with the norm scores of their peers.

Results

Data of quality of life of children admitted to the PICU will be compared with the norm scores of healthy children. Also, quality of life of children admitted to the PICU with and without development of pediatric delirium will be compared.

Conclusions

Structural follow-up of PICU patients is of great importance as early recognition and adequate diagnostics enable sufficient treatment and guidance. By identifying at risk individuals, it is therefore expected that the long-term prognosis of these patients can be improved with preventive measures during and after the PICU admission resulting in higher quality of life.

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Novel insights into somatic comorbidities in children and adolescents across psychiatric diagnoses

Abstract ID: 183

Symposium: S36 - Lifestyle intervention in child psychiatry

Presenting author: Jet Muskens, *Radboudumc Psychiatry Nijmegen, THE NETHERLANDS*

Background/Objective

To assess somatic co-morbidities in children and adolescents across psychiatric disorders in a clinical sample.

Method

Within a quantitative cross-sectional design, 276 children with various psychiatric disorders (neurodevelopmental disorders, affective disorders, eating disorders and psychosis), aged 6-18 years, were clinically assessed on somatic co-morbidities by interview, questionnaires and physical

examination. For a subsample (n=97), blood testing on vitamin D3, lipid spectrum, glucose and prolactin was performed.

Results

Somatic interviewing displayed insomnia (66%) and eating problems (43%) as major concerns. On physical examination, 20% of the children displayed overweight, 12% obesity and 38% minor physical anomalies (MPA). Blood testing highlighted vitamin D3 deficiency in 76% of the children. None of the predefined variables (gender, age, primary psychiatric diagnosis, medication and socioeconomic factors) showed a significant contribution in the prevalence of somatic co-morbidities.

Conclusions

The main somatic co-morbidities in a broad academic child- and adolescent psychiatric population consisted of (1) diet by eating problems, overweight/obesity and vitamin D3 deficiency, and (2) sleeping problems by insomnia. Clinicians should be aware that next to psychiatric disease, somatic co-morbidities should be addressed and prevented by promoting a healthy life-style.



COVID-19-related changes in adolescents' daily-life social interactions and psychopathology symptoms

Abstract ID: 185

Symposium: S38 - Looking ahead with the SIGMA-project: Investigating processes at different timescales to better understand adolescent psychopathological development

Presenting author: Robin Achterhof, KU Leuven Center for Contextual Psychiatry Leuven, BELGIUM

Background/Objective

Much worry surrounds the potential impact of the COVID-19 pandemic on adolescent mental health. Through the decreased opportunities for social interactions with peers that have accompanied the pandemic, adolescents may have been at increased risk for the development of psychopathology. At the same time, we know relatively little about the processes that are implied here – especially, how they may play out in daily life.

Method

Within the larger SIGMA cohort of Flemish adolescents, we have assessed changes in psychopathology, and in the quantity and quality of social interactions, from pre- to mid-COVID (from 2018 to May 2020). Social interactions were herein assessed ten times daily for six days, using experience sampling.

Results

We found how, overall, psychopathology symptoms had not increased, and how anxiety levels had even decreased. As expected, the quantity of face-to-face social interactions had decreased (especially with peers). The quality of social interactions, however, had increased during the initial stages of the

pandemic. Moreover, the relationship between the quality of daily social interactions and psychopathology had become stronger during the pandemic than before.

Conclusions

These results imply how, at least early in the pandemic, mental health might not have been at risk for most young people. High-quality social interactions might have been particularly helpful for keeping adolescents resilient. These findings should be viewed in light, however, of both the systematic drop-out during COVID-19, and the worsening of youth mental health reported by more recent studies.

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Contributing and hindering factors in treatment of youth with severe and enduring mental health problems

Abstract ID: 186

Symposium: S39 - Complex youth or Complex care? A multiple perspective study on youth with severe and enduring mental health problems

Presenting author: Rianne de Soet, *Leiden University Medical Center Psychiatry - Curium Leiden, THE NETHERLANDS*

Background/Objective

Youth with severe and enduring mental health problems (SEMHP) often do not profit sufficiently from existing treatment in child and youth psychiatry. Because of shifting mental health problems and self-harming behaviour, they fall between the cracks of current treatment programs focusing on single classifications. To meet the needs of youth with SEMHP, this study aimed to determine contributing and hindering factors in their treatment.

Method

This qualitative study consists of 30 semi-structured interviews with head practitioners (n=10), youth key informants (n=10) and parents of youth with SEMHP (n=10). Based on the grounded theory

approach, a thematic analysis was conducted both deductively and inductively. Perspectives of practitioners, youth and parents have been compared.

Results

Themes emerging from the interviews were divided into three groups: client, treatment and organizational factors. Themes as epistemic trust and the need for continuity of care were reported within all three perspectives. Notable was that both practitioners, youth and parents felt trapped in a circle of helplessness and a lack of trust. Differences in perspective, however, between youth, parents and practitioners are evident, especially when it comes to youths autonomy in treatment.

Conclusions

Findings indicate that the treatment focus for youth with SEMHP, should be on tailored and continuous care. Moreover, a therapeutic relation based on proximity and transparency is crucial to end the circle of distrust. Simultaneously, current procedures in accessibility and transfer of care should be reassessed to meet the needs of these youth.

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Key features of youth with severe and enduring mental health problems

Abstract ID: 187

Symposium: S39 - Complex youth or Complex care? A multiple perspective study on youth with severe and during mental health problems

Presenting author: Chanel Bansema, Leiden University Medical Center Psychiatry Leiden, THE NETHERLANDS

Background/Objective

A growing number of youth deals with severe and enduring mental health problems (SEMHP) which are heterogenous and complex. These mental health problems do not fit any specific DSM classification, often resulting in misdiagnosis and undertreatment. While clinicians tend to focus on symptoms, the severity and discourse of these mental health problems is constantly shifting as these youngsters are developing. Therefore, focusing on classifications and severity thresholds before

adulthood, seems unfeasible. This study aimed at defining the underlying characteristics and contributing factors related to SEMHP in youth.

Method

In this mixed-method study, data is collected using semi-structured interviews and Likert-scale questionnaires. We interviewed head practitioners (n=10) and youth informants (n=10) to explore characteristics of youth with SEMHP. A questionnaire was developed based on the themes that derived from the thematic interview analysis. Approximately 120 youth, parents and practitioners filled in the questionnaire, in order to examine the characteristics within a larger sample.

Results

A broad variety of characteristics related to the underlying determinants were found. Six themes could be distinguished, representing a holistic view of youth (e.g. descriptions of the terms severe and enduring, experienced (psychiatric) problems and their effects on youth in terms of feelings and behavior) and of their environment (e.g. the role of parents/peers, therapists, society).

Conclusions

Findings indicate that in order to recognize these youth, a closer look beyond their classifications is needed. Therefore, the focus should be on the underlying psychological problems, their vulnerabilities, their environment and their feelings and behavior due to the psychological problems.

Co-authors:

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An exploration of intergenerational transmission of parenting and attachment related processes – a three generation study in a high risk sample

Abstract ID: 189

Symposium: S25 - The Two-Way Road - Transactional Processes of Parenting and Child Mental Health Outcomes

Presenting author: Esther Mesman, Erasmus MC Sophia Child and adolescent psychiatry/psychology Rotterdam, THE NETHERLANDS

Background/Objective

Children of parents with severe mental illness are at high risk to develop severe mental illness. In this study we aim to explore the association between adult attachment representations (parenting style, experiences in close relationships), parental stress and internalizing problems in a unique three generation study of families with a bipolar (grand)parent.

Method

We use data from the Dutch Bipolar Offspring Study, a longitudinal study on offspring of parents with bipolar disorder. The cohort established in 1996-1997 contains 86 families with a parent with bipolar disorder (generation 1, G1), 140 children (G2) and 149 grandchildren (G3). At age 21 (G2), experienced parental rearing styles (G2 about G1) were assessed using the EMBU (Swedish acronym for my memories of upbringing). At age 38 (G2), adult attachment style and parental stress of the offspring were assessed using the Experiences in Close Relationships and parental stress index respectively. Psychopathology was assessed with semi-structured interviews (G2) and age appropriate ASEBA questionnaires (G2, G3).

Results

Prior research showed that parental rearing (G1) in G2 was perceived less emotionally warm and overprotective in fathers. Mothers were perceived as more emotionally warm and more overprotective in offspring as compared to the general population. Data collection of the 22-year follow-up study was recently completed and gathered information on G3. Preliminary analyses will be presented in this symposium.

Conclusions

In this presentation we aim to disentangle the processes of intergenerational transmission of internalizing symptoms over three generations in the context of familial loading of bipolar disorder.

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The Grow It! App effect: Longitudinal Changes in Adolescent Well-being During the COVID-19 Pandemic

Abstract ID: 191

Symposium: S37 - The use of eHealth to decrease mental health problems and promote well-being

Presenting author: Evelien Dietvorst, Erasmus MC Sophia Child and Adolescent Psychiatry Psychology Rotterdam, THE NETHERLANDS

Background/Objective

Adolescent mental health and well-being are adversely impacted by the COVID-19 pandemic. The Grow It! app aims to gain more insight into the behavior and emotions of adolescents in their daily lives and to strengthen their mental well-being. We evaluated whether adolescents' well-being improved during the COVID-19 pandemic after playing the multiplayer serious game app Grow It!.

Method

During the first lockdown (May-June 2020) 1,282 Dutch adolescents played the Grow It! app (age =16.67, SD=3.07, 68% girls). During the second lockdown (December-May 2020 onwards) an independent cohort of 1,871 adolescents participated (age =18.66, SD=3.70, 81% girls). Adolescents answered online questionnaires regarding affective and cognitive well-being, depressive symptoms, anxiety, coping, and impact of COVID-19 at baseline. Three-six weeks later, the baseline questionnaire was repeated and user experience questions were asked (N=462 and N=733 for the first and second cohort).

Results

In both cohorts, affective and cognitive well-being increased after playing the Grow It! app (Cohen's d range .20 - .32). Depressive symptoms and anxiety decreased (Cohen d range .08-.17). At the individual level, 41-53% of the adolescents increased in their affective or cognitive well-being. Adolescents with higher risk profiles (i.e., more depressive symptoms, lower atmosphere at home, and more COVID-19 impact) improved more strongly in their well-being. Positive user evaluations and app engagement were unrelated to changes in affective and cognitive well-being.

Conclusions

This study tentatively suggests that Grow It! has supported adolescents during the pandemic.

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Personalised app-based relapse prevention of depressive-, and anxiety disorders in remitted adolescents and young adults: a protocol of the StayFine RCT

Abstract ID: 195

Symposium: S37 - The use of eHealth to decrease mental health problems and promote well-being

Presenting author: Yvonne Stikkelbroek, Utrecht University/ Department of Clinical Child and Family Studies, Faculty of Social and Behavioural Sciences Utrecht, THE NETHERLANDS, GGZ Oost Brabant Depression Expertise Center Youth Boekel, THE NETHERLANDS

Background/Objective

Youth in remission of depression or anxiety have high risks of relapse. Relapse prevention interventions may prevent chronicity. Aim of the study is to (1) examine efficacy of the personalised StayFine app for remitted youth and (2) identify high risk groups for relapse and resilience.

Method

The StayFine-app, based on Preventive Cognitive Therapy was discussed in focus groups and piloted (N=13) before the start of the single-blind parallel-group RCT. The efficacy of app-based monitoring and guided personalized intervention compared to monitoring only. Participants (N=254) are 13-21 years and in remission of depression or anxiety for 2 months. Assessments including Ecological Momentary Assessment and wearable are at 0, 4, 12, 24, and 36 months. Primary outcome is time to relapse and secondary outcome are core symptoms of depression and anxiety, number and duration of relapses, global functioning and (serious) adverse events. Mediators and moderators will be explored

Results

It was a great venture with a lot of pitfalls to combine theoretical, empirical and technological knowledge and participant's needs in an app. The results of the pilot study (N=13) showed feasibility. The RCT study is executed and 1005 persons have shown interest and 115 are already participating in the study. Preliminary data will be discussed and illustrated with a case study.

Conclusions

The development of an app based relapse prevention is possible and was found feasible. The interest under potential participants for the use of this kind of relapseprevention app is substantial. The efficacy of the Stay Fine app is still under study.

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“Covid-19 is dangerous”: The Role of Parental Verbal Threat Information on Children’s Fear of Covid-19

Abstract ID: 198

Symposium: S25 - The Two-Way Road - Transactional Processes of Parenting and Child Mental Health Outcomes

Presenting author: Cosima Nimphy, *Leiden University Clinical Psychology Leiden, THE NETHERLANDS*

Background/Objective

Accumulating evidence reveals a causal effect of parental verbal threat information on their offspring's fear acquisition, whereas research on this link is scarce in the context of novel and potentially threatening situations that parents themselves confront in real life settings, such as a pandemic.

Method

In this study, we collected online survey data of 195 8-18 year-old children and their parents on fear of Covid-19, parental anxiety, parent-child communication, and child temperament in the period between June 11th 2020 and May 28th 2021.

Results

We found that, parents who are more scared of Covid-19 have children who are also more scared of Covid-19. Furthermore, parents who are more scared of Covid-19 provide more negative comments about the virus to their children. More frequent parental negative commenting in turn is related to higher fear of Covid-19 in their children and partly explains the link between parent and child fear of the virus. The relationship between parental negative commenting and children's fear towards Covid-19 was not moderated by child temperament or parent anxiety.

Conclusions

Our findings highlight the role of parental communication during the Covid-19 pandemic and its impact on children's fear acquisition towards Covid-19. The influence of parental anxiety and child temperament on children's acquisition of fear of Covid-19 warrants further investigation.

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An online psychological intervention for adolescents with a visible difference: Acceptability, feasibility and effectiveness of YP Face IT

Abstract ID: 200

Symposium: S37 - The use of eHealth to decrease mental health problems and promote well-being

Presenting author: Marije van Dalen, *Erasmus MC Sophia Children's Hospital Department of Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

Adolescents with a visible difference can experience challenging social situations, (e.g., people staring or making unwanted comments) and are at risk for mental health problems. Interventions for adolescents with a visible difference experiencing appearance-related distress are scarce and lack an evidence-base. Therefore, YP Face IT was developed. This psychosocial eHealth intervention combines social skills training and cognitive behavioural therapy to help adolescents cope with challenging social situations and difficult thoughts.

Method

To assess acceptability and feasibility 15 Dutch adolescents aged 12-17 completed YP Face IT and participated in in-depth interviews. Responses were analysed using thematic analysis. To assess effectiveness 189 Dutch and Norwegian adolescents participated in a Randomised Controlled Trial and were randomly allocated to YP Face IT or Care As Usual (CAU). Outcomes were body esteem, social anxiety, perceived stigmatisation, and life disengagement. Outcomes were measured at baseline and direct follow-up.

Results

Acceptability and feasibility: Most adolescents appreciated the intervention and all would recommend it to other adolescents with a visible difference experiencing appearance-related distress. Effectiveness: Compared to CAU, participants who completed YP Face IT showed reductions in social anxiety. No significant results were found for the other outcomes.

Conclusions

Both studies show that YP Face IT is acceptable, feasible and effective for adolescents with a visible difference. Dutch adolescents endorsed YP Face IT and its components. International results show that YP Face IT reduces social anxiety. Future studies are needed to confirm the effectiveness of YP Face IT and to explore potential long-term effects.

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Differences in mental health problems before and during the COVID-19 pandemic in Dutch children and adolescents referred to youth care

Abstract ID: 201

Symposium: S82 - COVID-19 Session 1

Presenting author: Jacintha Tieskens, LUMC Curium Child and Adolescent Psychiatry Leiden, THE NETHERLANDS

Background/Objective

There is increasing evidence for the negative impact of the pandemic on mental health of youth worldwide. To provide adequate treatment, it is important to obtain a clear image of those who are referred to youth care during the pandemic. We will investigate whether the type and severity of problems of those referred to youth care during the pandemic differ compared to before the pandemic. In addition, we will investigate whether children of different sex and age groups are affected differently.

Method

We will include participants (8–18 years, N ~ 1000) who are referred to youth care institutions in The Netherlands. We will compare participants referred to treatment before the pandemic (Oct 2018–Mar 2020) with participants referred to treatment during the pandemic (Apr 2020–Oct 2021). Outcome measures will be self- and parent reports on different domains of mental health problems assessed with respectively the Youth Self Report and the Child Behaviour Checklist.

Results

Preliminary results show that girls in the age of 12–18 seem to be most affected by the pandemic compared to boys and younger children. In the present study we will further investigate differences in psychopathology before compared to during the pandemic in different sex and age groups.

Conclusions

Empirical evidence indicates that careful follow up of mental health during the pandemic is important. Specifically, it is key to identify specific groups of children that are more vulnerable to negative mental health effects during the pandemic to anticipate the demand for youth care in the future.

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Investigating real-time social interactive pathways to suicidal thoughts and behaviours: The Social Connections of yoUth in disTress (SCOUT) Project

Abstract ID: 202

Symposium: S28 - Adolescent Suicidality in Different Psychiatric Contexts: Overview and Prevention

Presenting author: Olivia Kirtley, *KU Leuven Center for Contextual Psychiatry Leuven, BELGIUM*

Background/Objective

Exposure to others' suicide attempts is a powerful predictor of young adults' suicide attempts, but why exposure increases suicide risk is unknown. Exposure is a social process and given the strong relationship between social factors and suicidal ideation, we propose that a social interactive mechanism may underlie the relationship between exposure and suicidal behaviour. Although previous research on suicide has explored various social factors, daily life social interactions have been neglected. To address this, we established the Social Connections of yoUth in disTress (SCOUT) Project.

Method

We use experience sampling methods (ESM) to capture data on social interactions, suicidal thoughts and behaviours, in the everyday lives of young adults (18 – 25 yrs) admitted to hospital or outpatient care following a recent suicide attempt (N= 75; the SCOUT-Clinical study), and young adults from the general population with recent suicide attempt exposure (N= 150; the SCOUT-Community study). Participants complete 1) a baseline assessment of exposure to suicidal behaviours and lifetime history of suicidal thoughts and behaviours; 2) three ESM periods, during which they answer brief smartphone questionnaires 10 times per day for six days, one week, one month, and three months following baseline assessment.

Results

Data collection will run from February 2022 to August 2023.

Conclusions

The SCOUT project is the first to substantively investigate the relationship between daily life social interaction, exposure, and suicidal thoughts and behaviours among young adults. Taking a real-time

approach will increase our understanding of short-term risk and protective factors for suicidal thoughts and behaviour in young people.

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The Movementss study A randomized controlled trail comparing the short and long term effects of a lifestyle intervention in children with a psychiatric disorder. Rationale, study design and methods.

Abstract ID: 203

Symposium: S36 - Lifestyle intervention in child psychiatry

Presenting author: *Emilie van Tetering, Karakter Child and Youth psychiatry Child and Youth psychiatry Nijmegen, THE NETHERLANDS*

Background/Objective

Unhealthy lifestyle is frequently seen among children in the Netherlands. Most common forms of unhealthy lifestyle include the consumption of food that is rich in saturated fats and sugar, inactivity, excessive gaming and distorted sleep patterns. Unfortunately, unhealthy lifestyle and poor physical health are even more frequently seen among children with mental health illness such as autism, ADHD, depression and anxiety disorder. However, research on lifestyle interventions among children with mental health illness is lacking. As a result, there are currently no guidelines, treatment programs or equipped treatment centers where children with mental health problems and poor lifestyle quality can receive proper treatment. To address these issues, and to provide insight in the effectiveness of lifestyle interventions in children with psychiatric disorders the Movements study was designed.

Method

A total of N = 80 children (6-12 years) with a psychiatric disorder and an unhealthy lifestyle will be randomized to the lifestyle intervention group or CAU. This RCT will be performed at a child and youth psychiatry center in the Netherlands (Karakter child and youth psychiatry). The primary outcome measure is quality of life. Secondary outcome measures include emotional and behavior problems, several lifestyle parameters, cognitive assessment (intelligence and executive functions), physical, somatic and biological measurements, parenting styles and family functioning, prior beliefs, adherence, satisfaction, and cost-effectiveness.

Results

No results will be presented yet.

Conclusions

This RCT will likely contribute to clinical practice for lifestyle by offering insight into the short and long term effect of a lifestyle treatment in children with psychiatric disorders.



Decoding intentions from movement: an embedded approach of social cognition in neurodevelopmental disorder

Abstract ID: 204

Symposium: S44 - Novel technologies to investigate social processes across the lifespan

Presenting author: Clémence Feller, *University of Geneva Faculty of Psychology and Educational Sciences, Clinical Psychology Unit for Intellectual and Developmental Disabilities Geneva, SWITZERLAND*

Background/Objective

The interaction theory (IT) states that perception and action are closely related (e.g., Hutto & Myin, 2012). Thus, intention-from-movement understanding has been suggested as a key component of the ability to infer what others are thinking or wanting from observing their behaviors (Becchio et al., 2012). Therefore, this mechanism could potentially underly social difficulties since intentions could be inferred simply by observing others' actions. This is particularly relevant in the field of neurodevelopmental disorders that is characterized by social impairments. The goal of this study is to explore intention-from-movement understanding in autism spectrum disorders (ASD) and 22q11.2 deletion syndrome (22q11DS).

Method

Individuals with ASD (n = 30), 22q11DS (n = 47) and typically developing peers (TD) (n = 45) aged 12-30 were recruited. All participants completed an intention-from-movement understanding task in which they were shown 100 video clips of a hand grasping a bottle with the intention to drink from it or to pour water from it and had to guess the underlying intention. They were also assessed with measures of social functioning as well as motor coordination.

Results

Deficits in intention-from-movement understanding were found in 22q11DS participants compared to TD, but not in ASD participants. These deficits are expected to correlate with the severity of social impairments. Motor coordination is also expected to play a role in intention-from-movement understanding performances.

Conclusions

This study may reveal distinct profiles of impairments in neurodevelopmental disorders indicating that lower-level processes may be responsible for some of the social difficulties. This may point to novel therapeutic targets.

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Autism Spectrum Condition in adolescent natal females

Abstract ID: 205

Workshop: W1

Workshop leader: Myooran Canagaratnam, Tavistock and Portman NHS Foundation Trust Autism and Learning Disabilities Service London, UNITED KINGDOM

Background/Objective

Young women with high functioning Autism Spectrum Condition frequently present with mental health issues in adolescence, including anxiety, depression, eating disorders and gender identity dysphoria. However their underlying developmental condition may go undiagnosed for several years. This workshop will explore how ASD manifests in adolescent females, with specific reference to 'camouflaging', whereby Autistic individuals develop strategies such as masking, compensation and assimilation. These conceal autistic symptoms, but nonetheless can have a high emotional cost.

Method

Dr Canagaratnam will present relevant research literature, and theoretical aspects, drawing on several years experience as an accredited ADOS 2 trainer. Dr Szczap will present case material and data regarding young natal females seen in our regional specialist ASD service, including video clips. Through small group discussion we will make use of the combined clinical experience and knowledge of participants. We will be particularly interested in experience of cultural influences on presentation and conceptualisation of ASD in females, in different European countries.

Results

Participants will further their awareness of the presentation of ASD in young women, and how assessment procedures might need to be adapted to avoid underdiagnosis in this group. They will also critically evaluate options for intervention for this group, including both standard social skills interventions, and approaches based on neurodiversity perspectives.

Conclusions

Child and Adolescent Psychiatrists need to tailor standard approaches to assessment of Autism Spectrum Condition for young natal females, Considering the question of gender difference in presentation can also help refine our understanding of the nature of this elusive condition.

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Integrating lived experience of youngsters with mental health problems in the funding and conduct of science

Abstract ID: 206

Symposium: S39 - Complex youth or Complex care? A multiple perspective study on youth with severe and enduring mental health problems

Presenting author: Vivian Hemmeler, FNO Team Geestkracht Amsterdam, THE NETHERLANDS

Background/Objective

In evidence-based practise, scientific evidence is combined with the clinical experience from professionals and the lived experience from health care users and family members, in order to develop the most compatible health care. Although the value of lived experience has gained more attention in recent years, experts by experience (EE's) have not often been included in the grant review process nor the research team.

Method

Team Geestkracht involves young EE's with diverse mental health needs and wide-ranging experiences in mental health care. Members of team Geestkracht strive towards an inclusive society for all youth, by running activities varying from outreach and lobby to the funding and execution of research. They play an integral role in the FNO grant review process and in monitoring FNO granted projects. Research project DevelopRoad receives funding from FNO and has included an EE as part of the research team. In DevelopRoad the EE is regularly present at team meetings and is consulted at crucial steps, such as the design of questionnaires and the interpretation of results.

Results

Based on first impressions of the parties concerned, co-creating with EE's in every step of the funding and conduct of science, increases the compatibility of the research with the priorities, capabilities and experiences of youth. In addition, it provides an empowering experience for the EE's involved.

Conclusions

By integrating young EE's in the funding and conduct of mental health research we contribute to an evidence-based mental health care that is more compatible with the needs and wishes of its users.

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The benefits and challenges of involving young people with lived experience in large scale international research in mental health

Abstract ID: 208

Symposium: S5 - Transitional age youth mental health: how to improve the continuity of psychiatric care at the CAMHS-AMHS interface?

Presenting author: Cathy Street, Warwick Medical School, University of Warwick Division of Health Sciences Coventry, UNITED KINGDOM

Background/Objective

MILESTONE was an eight-country, five-year European Union funded research project that aimed to understand and improve young people's experience of transition from child and adolescent mental health services (CAMHS) to adult services. The study included a number of different work packages; these included training, ethics and the development and validation of new outcomes tools. Resources for young people, families and carers and mental health professionals were also developed for a bespoke website.

Method

Patient and public involvement (PPI) underpinned all of MILESTONE's activities, overseen by a dedicated PPI lead who was also one of MILESTONE Principal Investigators. 10 young people were recruited from two of the countries involved in MILESTONE as 'Young Project Advisors' (YPAs). At regular times throughout the study, various pre-existing parent and carer networks were also involved to review initial findings, plan project outputs and co-produce dissemination activities.

Results

The range of PPI was extensive and this presentation will explore both the benefits and the challenges encountered in delivering a comprehensive range of activities over a five-year period, including the logistical demands of working across eight different countries alongside a large research team and retention over a lengthy period of time. Illustrated by some of the activities undertaken, and drawing on the perspectives of the YPAs themselves, it will consider what worked well or not.

Conclusions

This learning from MILESTONE's PPI will be highly useful for other responsible for involving those with lived experience in large international research studies.



The experience of depression in migration: perspectives of adolescents, their parents and their health professionals

Abstract ID: 209

Symposium: S45 - Adolescent depression: contributions of applied phenomenology and qualitative research

Presenting author: Jonathan LACHAL, Université Clermont Auvergne - Clermont-Ferrand, FRANCE, CHU Psychiatrie de l'enfant et de l'adolescent - Clermont-Ferrand, FRANCE

Background/Objective

Migrant youth are at higher risk of developing internalised psychological disorders (depression, anxiety or suicidal ideation) than children in their host countries with native-born parents and grandparents. These internalised disorders affect 5-10% of migrant children in Europe, with significant variations according to administrative status, gender, ethnic origin and host country. Cultural variations affect the clinical presentation of all mental health problems. The experience of depression, its symptoms and how to understand them varies among cultures and situations.

Method

We propose to present the results of a meta-synthesis of 14 qualitative studies and case reports describing the experience of depression among migrant adolescents.

Results

The analysis identified six themes: 1) the vulnerability factors underlying depressive distress, before, during and after migration; 2) the subjective experience of depression, combining symptoms associated with a form of depression common in the West with symptoms more common in other cultures; 3) two types of aetiological hypotheses to make sense of their distress; 4) attitudes adopted in response to distress; 5) experience of care, especially reasons discouraging investment in care; 6) impairment of identity construction by breaks in cultural transmission and intergenerational conflicts.

Conclusions

The threat of losing their connections both at the interpersonal (connection to family, peers, and community) and intrapsychic levels (construction of identity) is inherently linked to migrant adolescents' experience of depression. We propose to adapt Brandenberger's 3C model (communication, continuity of care, confidence) for the care of young migrants to promote a therapeutic alliance, foster construction of a coherent bicultural identity, and support the family.

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Workshop on Experience Sampling Methods

Abstract ID: 210

Workshop: W2

Workshop leader: Fleur Helmink, Erasmus MC-Sophia Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS

Background/Objective

Experience Sampling Methods (ESMs) are used to capture self-reported daily life experiences in real-time on a smartphone, like a short diary on psychiatric symptoms that is filled out multiple times a day. These ESMs provide insight into the complexity of an experience in an environment that is ever changing, uncontrollable, and natural. For example, some children may feel stressed during a math class, after which positive emotions increase during a break with friends. These dynamics might differ between those who are skilled in math and those who are not. ESMs are expected to play an important role in (preventive) mental health care as it is easily available and non-stigmatising.

Method

During this workshop for clinicians and researchers, you will become more familiar with the basics on ESMs. In this workshop, hosted by junior researchers with expertise on ESMs, three elements will be discussed: (1) basic theory explaining why ESMs are increasingly used for monitoring of affective well-being in youth, (2) practical examples of ESM studies in children and adolescents (3) possible ESM parameters for mood fluctuations.

Results

During this interactive workshop participants will not only learn about the practicalities of ESM. In addition, the participant will also experience what it is to be involved in an ESM study. You will receive an individual mood profile afterwards.

Conclusions

This workshop will provide an introduction to ESMs that can be used to assess well-being in youth.

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Annelies Wisse



Appealing to youth with video game based depression prevention

Abstract ID: 211

Symposium: S42 - Opportunities of different types of eHealth for treatment and prevention of psychological difficulties including depression.

Presenting author: Marlou Poppelaars, Radboud University Faculteit Sociale Wetenschappen Nijmegen, THE NETHERLANDS

Background/Objective

In order to decrease the high burden of depression, more effective depression prevention programs need to be developed that have the potential to reach and engage more youth. Exciting possibilities to move beyond traditional depression prevention lie in the growing digitalization of mental health care. Specifically, the eagerness of many youth to play video games and video games' ability to evoke acute emotions and engage players in repeated practice of new skills may offer an avenue to reform depression prevention.

Method

Young adults internalizing mental health symptoms were choose between two distinct trailer designs with a mental health or entertainment message or played an applied game in an experimental setting.

Results

Demonstrating the potential of depression prevention games, 59.7% of youth (n=129) preferred to play a game promoted with an explicit mental health message over a game using entertainment focussed promotion. Moreover, results suggest that game appeal is even more important for mental health game selection than for entertainment game selection. However, the development of depression prevention games that engage youth is challenging. Moving towards depression prevention games that meet youth's expectations of video games, we developed ScrollQuest 2.0 —a game which challenges youth's social skills and experience of rejection. Initial pilots of this game shows great promise for engagement, yet further development is needed to enhance its intervention potential.

Conclusions

In conclusion, the promise to engage youth through video games in depression prevention is substantial, but practical challenges are substantial and multidisciplinary collaboration will be needed to meet these challenges.

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Trajectories of Psychiatric Care in an Outpatient Program Designed for Transitional Age Youth in French-speaking Belgium

Abstract ID: 212

Symposium: S5 - Transitional age youth mental health: how to improve the continuity of psychiatric care at the CAMHS-AMHS interface?

Presenting author: Simone Marchini, *Hôpital Universitaire Des Enfants Reine Fabiola Child and Adolescent Psychiatry Brussels, BELGIUM, Université Libre de Bruxelles Faculty of Medecine Brussels, BELGIUM*

Background/Objective

Transitional age youth (TAY) have specific needs in mental health. These are not currently covered between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS), mainly because of existing barriers. This retrospective study was carried out to describe sociodemographic and clinical characteristics of patients who attended a TAY-tailored outpatient psychiatric program.

Method

The total sample included 243 TAY (16 to 24 y.o.) who presented for care in this outpatient program between October 2019 and May 2021. Outcomes related to trajectories of psychiatric care were collected retrospectively and analyzed, such as leading symptom, consultation's referral and requester, and final medical orientation.

Results

The sample was mainly composed by female (59.3%); the average age was 18.7 (\pm 2.0) years. Leading symptoms were divided into three dimensions: internalizing (67.5%), externalizing (21.8%) and psychotic (10.7%). After first assessment, 81.5% of youth were followed-up in our outpatient program, without any difference according to sex ($p=0.081$) or leading symptom ($p=0.092$). Overall, youth were orientated towards ongoing follow-up in this program (37%), AMHS care (21.8%), end of psychiatric care (17.3%) and CAMHS care (4.1%). 19.8% patients discontinued the proposed care.

Conclusions

This TAY-tailored psychiatric outpatient program represents an innovative contribution to reinforce CAMHS-AMHS interface in French-speaking Belgium. Classical boundaries, determined by artificial variables such as age or type of psychopathology, do not seem to be efficient criteria to achieve a good quality psychiatric evaluation and continuity of care in TAY.

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A prospective cohort study on the intergenerational transmission of childhood adversity and subsequent risk of psychotic experiences in adolescence

Abstract ID: 213

Symposium: S93 - At risk for psychosis

Presenting author: Koen Bolhuis, *Erasmus Medical Centre Child & Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

Previous studies have suggested a robust relationship between adversity in childhood and subsequent psychotic symptoms. However, the role of intergenerational transmission of adversity underlying the relationship between adverse life events and psychosis vulnerability remains to a large extent unclear. In this study, we explored whether offspring childhood adversity mediated the relationship between maternal childhood adversity and offspring psychotic experiences.

Method

This study included 3068 mother-offspring dyads from the Generation R Study. Maternal childhood adversity was assessed using the Childhood Trauma Questionnaire. Twenty-four offspring childhood adversities were assessed by maternal interview when the child was ten years old. Offspring psychotic experiences were examined using self-report at age 14 years. Structural equation mediation models were conducted to explore whether maternal postnatal psychopathology and offspring childhood adversities mediated the relationship between maternal childhood adversity and offspring psychotic experiences. Analyses were adjusted for sociodemographic confounders and maternal prenatal psychopathology.

Results

Offspring childhood adversity mediated the association of maternal childhood adversity with offspring hallucinations (indirect effect: $\beta=0.008$, 95%CI 0.002;0.014, $P=0.011$, proportion mediated=15.3%) and delusions (indirect effect: ($\beta=0.005$, 95%CI 0.000;0.011, $P=0.039$, proportion mediated=12.5%). Conversely, maternal postnatal psychopathology was not associated with offspring psychotic experiences ($OR_{hallucinations}=0.93$, 95%CI 0.52-1.64, and $\beta_{delusions}=0.04$, 95%CI -0.02;0.09) and did not mediate the association between maternal childhood adversity and offspring psychotic experiences.

Conclusions

Maternal history of childhood adversity increases the risk of offspring psychotic experiences through offspring exposure to childhood adversity. Intergenerational transmission of childhood adversity can be considered of relevance in the aetiology of psychosis vulnerability, and can potentially serve as a modifiable risk factor.

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Integrating CAP and adult psychiatry in training: taking care of the children together

Abstract ID: 214

Workshop: W3

Workshop leader: Peter Deschamps, UMC Utrecht Psychiatry Utrecht, THE NETHERLANDS, UEMS-CAP CAP Brussels, BELGIUM

Background/Objective

Over the past decades CAP has become a separate specialty from general psychiatry (GAP) in the majority of EU countries with increasing independency of training. However, awareness of trans-generational patterns (based on genetics, environmental influences and interactions) in families with mental health problems dictates that an integrated approach to psychiatry is needed.

Method

We will introduce experiences based on the development of training plan for psychiatry in the Netherlands and the UK that aim for a life-course perspective approach. Results from a survey conducted by the EFPT will on CAP training in general psychiatry programs across the EU will be presented. In an interactive session using a snowball method, the most important learning goals for those specializing in general psychiatry about CAP. Finally, attendees will be challenged to construct a personal plan how to contribute to enhanced training in CAP.

Results

At the end of this workshop attendees will have a clearer picture of learning goals (knowledge, skills and attitudes) for general psychiatry trainees related to CAP. They will leave with a personal plan on how they can help in their daily practice, training and education to increase the likelihood of training future colleagues that will take care of children and their families together.

Conclusions

The separation of CAP and general psychiatry as medical specialties should not result in a 'divorced parents' situation', as taking care of mental health remains a family business and warrants a systemic approach. Integrating training offers a chance to safe-guard this in the future.

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On the Intersection of Autism and Transgender Identities: A Long-Term Follow-up of Autistic Transgender Children and Adolescents into Young Adulthood

Abstract ID: 215

Symposium: S21 - New Research Findings with Clinical Implications from the Amsterdam Transgender Youth Cohort

Presenting author: Anna van der Miesen, *VU University Medical Center Department of Child and Adolescent Psychiatry/Center of Expertise on Gender Dysphoria Amsterdam, THE NETHERLANDS*

Background/Objective

Multiple international studies have identified a significant over-representation of autism spectrum disorder (ASD) among transgender children and adolescents. Estimates suggest that up to 22.5% of transgender adolescents are autistic and there is an over-representation of transgender identities among autistic children and adolescents. However, no outcome studies exist that investigated gender identity development over time, mental health outcomes, and health care experiences of autistic youth previously seen in a specialized gender identity service.

Method

In this long-term follow-up study, a mixed-methods study consisting of a quantitative and a qualitative interview component will be used. This quantitative component, partly informed by a community-based participatory research approach, aligns with self-advocates' calls for research partnerships with the autistic and transgender communities. In the first part of the study, a comprehensive gender and autism questionnaire will be developed through a Delphi procedure with autistic transgender self-advocates. The qualitative interview and additional quantitative questionnaires will be administered to adults who were previously seen in a specialized gender identity service as children and adolescents.

Results

In the first part of this presentation, the results of the Delphi developing the comprehensive gender and autism questionnaire will be discussed. In addition, preliminary findings of the long-term follow-up of the autistic individuals will be discussed, including experienced barriers to care and fluidity in gender identity.

Conclusions

This first study of a well-characterized cohort of children and adolescents previously seen in a specialized gender identity service will provide initial insight in how to improve and personalize care for this population.



Children of Parents with a Mental Illness At Risk Evaluation – The COMPARE Study

Abstract ID: 216

Symposium: S6 - Interventions for children of parents with a mental illness

Presenting author: Hanna Christiansen, *Philipps University Marburg Psychology Marburg, GERMANY*

Background/Objective

COMPARE is based on the fact that a parental mental disorder launches a wave of risk factors for the

children and parental treatment is the most important factor to reduce those risks. As parenting skills are often reduced in such families, we assume that increasing parenting skills will have incremental positive effects above and beyond parental treatment. COMPARE thus builds on a central clinical trial with four research projects (COMPARE-interaction/-emotion/-school/-work) to test the transgenerational transmission of mental disorders.

Method

The COMPARE study is a multicenter randomized controlled trial comparing effects of parental gold standard cognitive behavioral therapy (CBT) with CBT plus the Positive Parenting Program (CBT+PPP) on the children. COMPARE-emotion focuses on the association of parent and child emotion regulation and COMPARE-work on cross-over and spill-over effects from work to parent and child.

Results

Currently a total of 304 families with 404 children participated in COMPARE, though the study is still ongoing. Sub-analyses reveal that maladaptive emotion regulation in children with mentally ill parents mediates the association between empathy and internalizing as well as externalizing symptoms. Parents with a mental disorder experience more social exclusion/stigma in COMPARE-work, resulting in more days of sick leave.

Conclusions

COMPARE focuses on the transgenerational transmission of mental disorders and identifies impaired emotion regulation as well as social exclusion/stigma as significant mechanisms contributing to transmission.



qualitative exploration of adolescent depression early-treatment stage

Abstract ID: 218

Symposium: S45 - Adolescent depression: contributions of applied phenomenology and qualitative research

Presenting author: Jordan Sibeoni, *Université de Paris ECSTRRA Team- CRESS INSERM Paris, FRANCE, Centre hospitalier d'Argenteuil SUPADO Argenteuil, FRANCE*

Background/Objective

The period at the start of treatment of adolescents with depression is both crucial and complex. Adolescents' and parents' perspectives on that early treatment stage are important but have not yet been explored. The study we will present aimed to explore the lived experience of the early-treatment stage among adolescents with major depressive disorder and their parents and aims to cross their perspectives.

Method

This is a French qualitative multicentre IPSE study. We conducted semi-structured interviews with

adolescents with depression and with their parents. Data collection by purposive sampling continued until we reached theoretical sufficiency. F

Results

Forty-seven participants – 20 adolescents, 27 parents- were included. Data analysis produced a structure of lived experience based on two axes: (1) what leads to care: What is shown, what is seen, describing a dynamic process of showing and seeing around the start of treatment and (2) the start of treatment: knowing and sharing everyone's explanations.

Conclusions

Results suggest some early therapeutic alliance facilitators, that is, first to be able to see the depressive manifestations and directly address the issue of depression based on what is shown and seen, second to give the opportunity to both adolescents and parents to share their views and explanations about the adolescent's distress, and finally to explicitly name this distress depression in order to first agree on the term to use.



Longitudinal Neuroimaging Analysis of the Limbic Lobe Network in ADHD

Abstract ID: 219

Symposium: S83 - New insight from brain imaging studies

Presenting author: Michael Connaughton, Trinity College Dublin Psychiatry Dublin, IRELAND

Background/Objective

Emotion dysregulation is a highly prevalent symptom in children with Attention Deficit Hyperactivity Disorder (ADHD) and contributes significantly to impairment. The brain network in the limbic lobe plays a key role in emotion regulation but has not been widely studied in ADHD. We investigated 1) the structure/organisation of primary components of the limbic lobe, 2) the developmental trajectory of limbic lobe structures in children with ADHD and controls.

Method

Structural and diffusion MRI data were collected across three waves (protocol:<https://doi.org/10.1186/s12888-016-0770-4>) at ages 10, 11.5 and 13. Between-group longitudinal grey-matter volumetric analysis of the limbic lobe was performed using Freesurfer (n=151). White matter organisation of major limbic lobe tracts, cingulum, fornix and uncinate fasciculus, were examined using constrained spherical deconvolution based-tractography (n=20) using ExploreDTI.

Results

Linear mixed modelling significantly predicted reduced volumes of left hippocampus ($p < .001$) and medial orbitofrontal cortex ($p = 0.04$) in the ADHD group. There was no between-group difference in rate

of volumetric change. There was no between-group difference in white matter fractional anisotropy, or in the developmental trajectories of fractional anisotropy, in the cingulum, fornix and uncinate fasciculus.

Conclusions

The current study used high-quality longitudinal neuroimaging data to interrogate the development of the limbic lobe network in children with ADHD. To our knowledge this is the first longitudinal MRI study to report abnormalities in limbic lobe structures in children with ADHD. Atypical volume in key limbic lobe structures may contribute to the pathophysiology of emotion dysregulation in ADHD; further correlation analyses are indicated. Tractography and connectomic analyses of the full dataset are ongoing.

Co-authors:

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Early psychopathological manifestations in the offspring of parents with bipolar disorder

Abstract ID: 220

Symposium: S7 - Intergenerational transmission of psychopathology; results from a cross-diagnostic approach

Presenting author: Michal Goetz, Charles University, 3rd faculty of Medicine Psychiatry Prague, CZECH REPUBLIC, National Institute of Mental Health Psychiatry Klecany, CZECH REPUBLIC

Background/Objective

The diagnosis of bipolar disorder (BD) is usually established with several years delay. Therefore, investigating of early risk factors and prodromal stages represents an important area of research

Method

Sample: 43 offspring of parents with BD (high risk offspring, HRO) (mean age 12.5 ± 3.1 years) and 43 control offspring paired with age and sex of parents without mood disorder. The incidence of mental disorders according to DSM-5 was assessed using a semi-structured interview (KSADS). Parental and self-assessment versions of the mood (GBI) and anxiety disorders (SCARED) questionnaires were administered. Wide battery of neuropsychological covering the functions that are most often impaired

in patients with BD was administered. Sleep patterns were assessed using sleep questionnaires and by three weeks actigraphy (MotionWatch8).

Results

Anxiety disorders were among the most common diagnoses in our study (60% vs. 14%, $p < 0,001$, OR 9,69) there were significant differences between the groups in the incidence of specific subtypes of anxiety disorders (GAD 23% vs. 2%, $p < 0,01$, Social anxiety 18% vs. 2%, $p < 0,05$) The lifetime occurrence of depression was 33% in HRO vs 2% in controls ($p < 0,001$, OR 13,05). HRO reported several signs of poor quality sleep. Furthermore HRO slept less on days off ($p < 0,007$, $d = 0,56$) their sleep was less efficient ($p < 0,01$, $d = 0,47$) and more fragmented (0,04, $d = 38$). No differences in neuropsychological test performance between HRO and controls were found.

Conclusions

The occurrence of anxiety disorder along with depression, sleep changes may be indicators of the risk of bipolar disorder

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Interpersonal functioning from adolescence to young adulthood: a macro- and micro- level investigation using the TRAILS TRANS-ID study

Abstract ID: 222

Symposium: S44 - Novel technologies to investigate social processes across the lifespan

Presenting author: Larisa Morosan, University Medical Center Groningen ICPE Groningen, THE NETHERLANDS

Background/Objective

The quality of relationships during adolescence is thought to impact adult interpersonal functioning, but few studies addressed this question. We investigated the associations between: i) quality of relationships during adolescence and macro- (over several months) and micro-level (daily dynamics in social experiences) interpersonal functioning during adulthood; ii) macro-level and micro-level interpersonal functioning during adulthood.

Method

The sample consisted of $N = 122$ youths. At 11.2 ± 0.4 and 16.0 ± 0.6 years old, relationships with parents, teachers, and peers were assessed. At 23.7 ± 0.6 years old, participants reported daily social

experiences and interpersonal functioning across six months. Before and after the daily diary study, interpersonal functioning was assessed using a self-reported questionnaire.

Results

The results suggested that: i) peer problems reported by teachers were associated with higher levels of negative social experiences during adulthood; ii) macro-level interpersonal functioning was associated with higher means and low inertia in positive and low variability in negative daily social experiences.

Conclusions

Our findings indicate the associations between the quality of relationships during adolescence and interpersonal functioning during adulthood should not be overstated and that interpersonal functioning during young adulthood is associated with more positive, flexible, yet stable daily social experiences. These findings might inform prevention strategies aiming to improve interpersonal functioning in at-risk youths.

Co-authors:

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Self-reported personality functioning in Russian school and clinic samples (LoPF-Q 12-18 Russian)

Abstract ID: 225

Symposium: S34 - Early detection of Personality Disorders and Personality Difficulties by assessing impairments in Personality functioning (Criterion A) in self and informant report

Presenting author: Natalia Zvereva, *Mental Health Research Center Department of Clinical Psychology Moscow, RUSSIA, Moscow State University of Psychology and Education Department of neuro- and pathopsychology of development Moscow, RUSSIA*

Background/Objective

There are not a lot of techniques to assess personality functioning in adolescence. LoPF-Q 12-18 is a new one to evaluate borderline personality disorders or personality disorders (PD) in teenagers. We worked on translation and adaptation of this questionnaire since 2017. The culture-adaption of LoPF-Q 12-18 Russia was developed in a stepwise process, using a pilot test to improve item formulations.

Method

LoPF-Q 12-18 Russia was a method. The main test was performed in a sample of N=221 adolescents

from Moscow and Moscow region with 39.4% boys and 60.6% girls (age mean 15.5 SD 2.1 years). N= 25 of those were patients with mixed diagnoses from Moscow Mental Health Research Center.

Results

LoPF-Q 12-18 Russia showed good psychometric properties with scale reliabilities Alpha of .95 for the total scale Functioning, and .86, .91, .88 and .86 for the scales Identity, Self-Direction, Empathy and Intimacy. All 97 items matched the criteria for item total-correlation, percentage of symptomatic answers and item bias concerning sex or age. EFA supported the assumption of a joint factor "personality pathology", the scales were medium to highly intercorrelated. In a first comparison between the school and the clinic sample, the total score differed significant and with a medium effect size $d=0.7$ standard deviations.

Conclusions

However, clinical validity of LoPF-Q 12-18 has to be tested in contrast to patients with PD and results in an enlarged clinical sample will be presented and discussed

Co-authors:

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Changes in the profile of adolescents who make suicide attempts during COVID19 pandemic.

Abstract ID: 227

Symposium: S92 - Selfharm/COVID-19

Presenting author: Rebeca Gracia , Hospital Parc Tauli Mental Health Sabadell, SPAIN

Background/Objective

The COVID19 pandemic is having consequences on the mental health of adolescents, and there is already evidence of an increase in suicidal behavior in this age group. Our objective is to assess whether there has been a change in the profile of adolescents who carry out suicide attempts since the declaration of the pandemic.

Method

An observational and analytical retrospective study was carried out evaluating the characteristics of adolescents who had attempted suicide before and during the pandemic, comparing both groups. Statistical analysis comparison between groups was performed using the Mann-Whitney U test, the Chi square test or Fisher's exact test, as appropriate.

Results

The sample was made up of 105 adolescents between 12 and 17 years old (84.4% of the sample were girls). 49.5% of the sample belonged to the "pre-pandemic" group, and 50.5% to the "pandemic" group.

The comparative analysis showed significant differences in diagnoses, antecedents, personality prototypes, precipitants of the attempt, concerns expressed and IQ.

Conclusions

As we hypothesized, changes in the profile of adolescents who committed suicide attempts in the context of the pandemic were observed: there were more diagnosis of depression or anxiety, avoidant-anxious personality traits were predominate, and the precipitants were associated with the school context; therefore, suicide prevention strategies in adolescents must be adapt to this new paradigm.

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The UEMS-CAP Curriculum Framework: something old, something new, something for you

Abstract ID: 228

Symposium: S22 - International networks in CAP training: I get by with a little help from my friends

Presenting author: Thorsten Schumann, *Psychiatry Center, Region of Southern Denmark Department of Child and Adolescent Psychiatry Southern Jutland Aabenraa, DENMARK, Union of Medical Specialists in Europe (UEMS) Section of Adolescent Psychiatry Brussels, BELGIUM*

Background/Objective

Demands on knowledge and skills of medical doctors are evolving at an increased pace and medical training and education have responded by stressing the need for life-long learning methods. CAP is no exception, although as a specialty with relatively little technical skills, we can still rely on old wisdom. Recently the UEMS-CAP adopted a new version of the European Curriculum framework, aiming to balance old wisdom with new skills.

Method

The process of how the UEMS-CAP curriculum revision was conducted using multiple rounds of online contributions and round-table meetings collecting input from trainees, trainers and patient and carer organizations from across the EU will be introduced. Attendees will be made familiar with the content of the European curriculum framework. They will be challenged to check to what extent their personal still match the knowledge, skills and professional attitudes requirements that have been set in the framework. Attendees can integrate the results in their personal, local and national training plans.

Results

This workshop will help attendees to check their own knowledge, skills and attitudes with the new European curriculum framework for future postgraduate CAP training. It will also achieve the goal of further distribution and implementation of the European Curriculum Framework.

Conclusions

CAP specialists will find it fruitful to get to know up-to-date requirements of postgraduate CAP training both for their own goalsetting in life-long learning and to support trainees adequately in their pursuit of the required competencies.



ESCAP YOUTH DIALOGUE - WORKSHOP - let´s listen to each other & act wisely!

Abstract ID: 229

Workshop: W4

Workshop leader: Matthias Köster, www.passung-wirwerk.ch adolescents- and family-oriented practice; member of Swiss Public Health Switzerland; board Regional Psychiatry Kommission; regional activist in contact with regional activist & youth parliament Zürich, SWITZERLAND

Background/Objective

How to strengthen mental health (MH) and social peace for the youth, with them and by them? What are the reasonable needs stated by 10000 minors in the “Our Europe, our rights, our future” evaluation? How to align it with the ESCAP “Next generation Europe” 2021-policy demands? STOP violence & neglect against children (and the climate): How are resources rebalanced to minimize violence within families, within the school system or the working places? How to deal with the migrant crisis and help families staying or coming together? How to calm the climate and how to stay safe during the Covid-pandemic? STOP ignoring integrative psychobiosocial health and well-being as a relevant part of school (and academic and occupational) culture. How are peaceful, deep relationships, good personal development, high quality food, healthy sleep & activity or media use concretely promoted in schools? How are compassionate and prosocial behaviours supported? STOP difficulty of feasibility, suboptimal information or impaired shared decision-making How to build CAP services in an integrative way across multiple societal sectors and diagnoses and with maximum shared-decision-making? How is youth health literacy enhanced? How youth-oriented are guidelines or information in general? How easy is it to self-evaluate youth mental health continuously and on demand?

Method

We invite the European youth to meet their Dutch peers. We go through a twice 1.5h design thinking process together.

Results

We share in-depth reflections and promote empowerment.

Conclusions

In the afternoon there is a chance to take part in the ESCAP policy panel.



The assessment of real-time mentalizing in parent-adolescent interactions: implications for MBT-A

Abstract ID: 230

Symposium: S50 - Mentalizing Group -- Mentalization-based therapy for Adolescents (MBT-A): Recent updates in theory, assessment and treatment

Presenting author: *Carla Sharp, University of Houston Psychology Houston, UNITED STATES*

Background/Objective

Existing tools assess mentalizing as a stagnant property of a single individual, often relying on non-self-referential or relationship-non-specific stimuli or hypothetical scenarios. Further, existing tools often fail to account for the developmental origins of mentalizing, which are based in the parent-child relationship. In this talk we present recent advances in the assessment of mentalizing in real-time parent-adolescent interactions, using a conflict discussion paradigm.

Method

In Study 1, archival data of parent-adolescent dyads ($n = 56$) participating in a conflict-discussion paradigm were used to develop a coding manual based on the hyper-, hypo- and adequate mentalizing model (Sharp & Vanwoerden, 2015) and was then subsequently evaluated for its psychometric properties in a new sample of 72 outpatient adolescents and their mothers. In Study 2, we used the conflict paradigm data of the 56 participants from the prior study to evaluate the psychometric properties of another tool, the Observing Mediation Interactions (OMI; Klein, 1996) which approaches mentalizing capacity through the lens of the Mediation Intervention for Sensitizing Caregivers (Sharp et al., 2021).

Results

Study 1 demonstrated that the newly developed coding system was reliable and valid with associations with borderline features in adolescents. Similarly, support was found for the psychometrics properties of the OMI to assess real-time mentalizing during live interactions.

Conclusions

These are the first studies to report on observational measures of real-time mentalizing based in the parent-adolescent relationship. The implications of using these measures in MBT-A are discussed.

Co-authors:

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Sophie Kerr, University of Houston Psychology Houston, UNITED STATES



Mental health problems during the COVID-19 pandemic in Dutch children and adolescents with and without pre-existing mental health problems

Abstract ID: 231

Symposium: S82 - COVID-19 Session 1

Presenting author: *Josjan Zijlmans, Amsterdam University Medical Center Child and Adolescent Psychiatry and Psychosocial Care Amsterdam, THE NETHERLANDS*

Background/Objective

Research has shown that psychological problems in children and adolescents have increased due to the COVID-19 pandemic. Less is known about changes in mental health throughout the pandemic and whether changes in children with pre-existing mental health problems differ from those in children from the general population.

Method

We included children (8–18 years) who receive psychiatric care (NT1=275; NT2=508; NT3=233) and children from the general population (NT1=832; NT2=746; NT3=~800). We assessed measures thrice: in April 2020, November 2020, and March 2021. Main outcome measures were Patient-Reported Outcomes Measurement Information System (PROMIS®) domains: Global Health, Peer Relationships, Anxiety, Depressive Symptoms, Anger, and Sleep-Related Impairment, as reported by children. We differentiated between boys and girls, and between ages 8 to 11 and 12 to 18.

Results

At the first time point, the psychiatric sample reported significantly more problems than the general population sample on all measures except for Anxiety and Peer Relationships. From the first to the second and third time points, the psychiatric sample deteriorated on all measures except Peer Relationships, whereas the general population sample remained stable. Within the psychiatric sample, increases in mental health problems were largest for girls aged 12-18.

Conclusions

Our results show that throughout the COVID-19 pandemic, the mental health of children in psychiatry is deteriorating, particularly in adolescent girls. Our findings indicate that specific groups of children are more vulnerable to negative mental health effects during the pandemic and suggests they may require comparatively more care in the long term.

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'Evidence-based trauma treatment for young people: Doing what works!'

Abstract ID: 232

Workshop: W5

Workshop leader: Ramón Lindauer, *University of Amsterdam UAMC Amsterdam, THE NETHERLANDS*

Background/Objective

The TF-CBT program, developed by Cohen, Mannarino & Deblinger (2021), is the most researched trauma treatment for juveniles. International guidelines for the treatment of PTSD in children and adolescents recommend TF-CBT as a treatment of first choice, in addition to EMDR (ISTSS, 2018; NICE, 2018). The available research data (more than 20 RCTs) demonstrate that TF-CBT is an effective treatment for both single and complex traumatized youth aged 3-18 years (meta-analysis, Bastien et al., 2020). Dutch research shows that young people with co-morbid problems benefit from TF-CBT (Diehle et al., 2015). Foster children who followed the treatment together with their foster parents show a decrease in trauma complaints (Dorsey et al., 2014). In this workshop we will discuss current insights regarding exposure and the attachment-promoting perspective of TF-CBT.

Method

TF-CBT is based on cognitive behavioral therapy principles, attachment- and systems theory. In this workshop we discuss two important components: First we consider insights on habituation versus inhibitory learning in TF-CBT treatment (Craske, 2014, Scheveneels et al., 2021). Second, we will discuss the systems and attachment-promoting perspective of the TF-CBT.

Results

In this workshop the participants can bring in their own questions about indication and working method of TF-CBT. Different exposure variants will be discussed and practiced. The improving effect on attachment relationships of 'sharing' the trauma story or part of it with parents/caregivers will be demonstrated.

Conclusions

After this workshop, the participant has acquired knowledge of different exposure options and the systems and attachment-promoting perspective within the TF-CBT protocol.



Automated identification of ASD in preschoolers using pose estimation from videos

Abstract ID: 233

Symposium: S46 - The promise of digital phenotyping to provide a better characterization of behavior in children and adolescents with autism spectrum disorders

Presenting author: Nada Kojovic, *University Of Geneva Psychiatry Geneva, SWITZERLAND*

Background/Objective

An efficient early screening, followed by early diagnosis, is the cornerstone to timely intervention in autism. However, most screening tests are questionnaire-based, performing with low to moderate accuracy. The tools that can deliver objective and scalable quantification of behavioral atypicalities are needed. Here, we tested the hypothesis that a deep neural network trained on the non-verbal aspects of social interaction can effectively differentiate between children with autism and their typically developing (TD) peers.

Method

We used the standardized ADOS (Autism Diagnosis Schedule for Autism) videos obtained in the context of our longitudinal study on autism in Geneva. Our sample included 68 children with autism (2.80 ± 0.92 years) and 68 TD children (2.55 ± 0.97 years) who were equally distributed to compose the Training and Testing set. To focus on essentially non-verbal aspects of social interaction, we extracted skeletal information on people present in ADOS videos using OpenPose, omitting sound and background elements. Then we trained CNN LSTM model sensitive to temporal dependencies in video-based action classification.

Results

Our model achieves an accuracy of 80.9% (F1 score: 0.818; precision: 0.784; recall: 0.854) with the prediction probability positively correlated to the overall level of symptoms of autism in social affect and repetitive and restricted behaviors domain. The symptoms contributing the most to the classification were predominantly nonverbal (e.g. Facial Expressions, Quality of Social Overtures, Gestures, etc.).

Conclusions

Provided the non-invasive and affordable nature of computer vision, our approach carries reasonable promises that a reliable machine-learning-based ASD screening may become a reality not too far in the future.



Sensitivity to Autism-Related Differences in Visual Kinematics in Observers with and without Clinical Expertise

Abstract ID: 236

Symposium: S44 - Novel technologies to investigate social processes across the lifespan

Presenting author: Novella Pretti, *Istituto Italiano di Tecnologia C'MoN Cognition, Motion and Neuroscience Unit Genova, ITALY, University of Turin Department of Psychology Torino, ITALY*

Background/Objective

Individuals with autism spectrum disorders (ASD) move differently compared to typical individuals (Cavallo et al., 2021). Here we investigate i) whether kinematic information is sufficient for perceivers to recognize actions performed by ASD children, and ii) the influence of experience on this ability.

Method

Clinical examiners with and without extensive experience in the assessment of ASD and matched controls participated in the study. All participants completed two tasks in which they observed grasp-to-pour and grasp-to-place actions performed by typical (TD) and ASD children. In the autism discrimination task, participants had to indicate whether the observed action was performed by a TD or ASD child. In the intention discrimination task, they had to indicate whether the action was performed with the intent to pour or to place. We used a quantitative framework based on logistic regression to identify features that encoded intention- or autism-related information and how they were read out by perceivers.

Results

For both tasks, discrimination performance was above chance in all groups. Single-trial analyses revealed that, for intention discrimination, in all groups, intention readout was based on features carrying intention information. In contrast, for autism discrimination, perceivers mostly read non-informative features and only used some of the informative features.

Conclusions

Past research has shown kinematics to provide sufficient information for intention discrimination from action observation (Becchio et al., 2018). To the best of our knowledge, this is the first study to quantify perceptual sensitivity to autism-related differences in movement kinematics.

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Facilitating factors and barriers in help-seeking behaviour in adolescents and young adults with depressive symptoms: A qualitative study

Abstract ID: 242

Symposium: S45 - Adolescent depression: contributions of applied phenomenology and qualitative research

Presenting author: Ruth Waumans, Amsterdam UMC, Department of Psychiatry, Vrije Universiteit GGZ inGeest Specialized Mental Health Care Amsterdam, THE NETHERLANDS

Background/Objective

Only a minority of depressed adolescents and young adults receive treatment. This study aimed to investigate facilitating factors and barriers in help-seeking behaviour of adolescents and young adults with depressive symptoms, using qualitative research methods.

Method

In-depth, semi-structured interviews with 32 participants with current or previous depressive symptoms aged 16 to 24 years using thematic content analysis.

Results

Five main themes in help-seeking by adolescents and young adults were identified: (I) Individual functioning and well-being, (II) Health literacy, (III) Attitudinal aspects, (IV) Surroundings, and (V) Accessibility. Prompts to seek treatment were disease burden and poor academic performance. Health illiteracy negatively influenced treatment-seeking behaviour. Attitudinal aspects either hampered or facilitated help-seeking. Furthermore, adolescents' surroundings appeared to play a critical role in the recognition of depressive symptoms and encouragement to seek help. Barriers regarding accessibility of mental health care were found, whereas direct and easy access to treatment greatly improved mental health care use.

Conclusions

Facilitating factors can play a critical role in the help-seeking process of depressed adolescents and young adults, and may guide efforts to increase access to mental health care of this vulnerable age group. In particular, recognition and encouragement from school personnel and peers and easy access to care providers positively influenced help-seeking in our sample. Health illiteracy and attitudinal aspects appeared to be important barriers to seeking treatment and public/school campaigns aimed at reducing health illiteracy and stigma might be necessary to improve treatment-seeking and health care utilization in this age group.

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Psychotherapy Training in Child and Adolescent Psychiatry: Europe and Covid-19

Abstract ID: 245

Symposium: S51 - CAP training during the pandemic

Presenting author: *Asilay Seker, Cambridgeshire and Peterborough NHS Foundation Trust Child and Adolescent Psychiatry Cambridge, UNITED KINGDOM*

Background/Objective

Psychotherapeutic skills are very important in Child and Adolescent Psychiatry (CAP) however there is lack of knowledge on how these are integrated in CAP training curricula across Europe. The European Federation of Psychiatric Trainees (EFPT) gathers data on training including psychotherapy via various media. The Covid-19 pandemic brought a new angle to psychotherapy education and the aim of this presentation is to share the EFPT findings and the impact of Covid-19 as well to discuss the updates on UEMS-CAP Psychotherapy Framework.

Method

Data collected by the EFPT regarding psychotherapy training conditions in CAP will be discussed and the updates with the UEMS-CAP training framework and psychotherapy framework will be shared to understand the current European situation with psychotherapy and CAP with the participants.

Results

Unpublished data from the EFPT suggest there is a lack of guidance and regulation on CAP practice in general following the major digital shift brought about by the pandemic. In many European countries trainees are not knowledgeable about the curriculum demands regarding psychotherapy and they are not offered the bare minimum of psychotherapy training.

Conclusions

Psychotherapy has been specifically challenging in post-pandemic due to its nature and robust guidance is required from governing bodies to ensure training and practice quality is not compromised for new CAP specialists.



Towards a Phenomenologically Grounded Typification of Varieties of Adolescent Depression

Abstract ID: 248

Symposium: S45 - Adolescent depression: contributions of applied phenomenology and qualitative research

Presenting author: H. Andrés Sánchez Guerrero, University Hospital Münster Department of Child and Adolescent Psychiatry, Psychosomatic Medicine, and Psychotherapy Münster, GERMANY

Background/Objective

The very talk of depressive disorders (plural) betrays an acknowledgment of the diversity of those predicaments we group together under the label 'depression'. Given this diversity, a differential therapeutic approach may appear warranted. This calls for a typification of varieties of adolescent depression. Recent research aiming at the development of a classification of kinds of depression has focused on broadly somatic or neurocognitive markers. However, the affected individuals' personal accounts may offer enough clues for a discrimination of types of adolescent depression. For, the experiences described by adolescents suffering conditions diagnosed as a depressive disorder are not only evidently heterogeneous, but also sufficiently recurrent. Moreover, extant literature permits us to suspect a therapeutically relevant correlation between the thematic core of an adolescent's personal account of depression and the trajectory of her personality development.

Method

On the basis of a phenomenologically rooted empirical exploration of personal accounts of adolescents diagnosed with depression, this contribution argues for the possibility of developing a clinically relevant experience-oriented taxonomy of adolescent depression. Such a taxonomy focuses on differential articulations in language of depressive predicaments.

Results

An approach derived from the mode of thinking that is proper to phenomenological philosophy is discussed and shown to be apt to disclose thematic nuclei that characterize certain structures of experience which may offer the basis for a taxonomy of kinds of adolescent depression.

Conclusions

Phenomenological explorations are argued to be able to ground a clinically significant typification of varieties of adolescent depression.



Child and adolescent mental health care in Greece

Abstract ID: 249

Symposium: S35 - Child and adolescent mental health care provision in Europe during the COVID-19 pandemic

Presenting author: Konstantinos Kotsis, University of Ioannina Community CAMH Centre, Department of Psychiatry Ioannina, GREECE

Background/Objective

Studies have already described the impact of the pandemic on mental health of children, adolescents, and their families. Uncertainty, lockdown measures, economic factors and limited access to services could emerge new mental health difficulties or deteriorate those already existed. In this context CAP services have a key role to help children and families.

Method

Qualitative empirical data will be discussed regarding the organization and care provision of CAMHS before and during the pandemic.

Results

In Greece the long-term recession have put a lot of strain on the public health sector. Public CAMHS operate with fewer employees than the necessary ones due to severe cuts in the public expenditure for the health system. Moreover, there is huge variation in the availability of CAMHS and their organization as well as national shortage of CAP psychiatric beds. During pandemic, CAP services were reorganized, established hotlines, published guidance e-flyers for parents and professionals and remained open (only for emergency when strict measures were implemented). Since the health-care system in Greece is a mixed one, the private sector is significantly involved in the provision of mental health-care for children and adolescents and therefore provided care during pandemic.

Conclusions

Greece is still facing the consequences of financial/humanitarian crisis and the COVID health crisis has undoubtedly affected child mental health care. Despite the difficulties, CAMHS continue to serve all children while taking protective measures. At the moment, it is important to gain the lost treatments and reorganise in order to provide the necessary care on the aftermath of the pandemic.



Online training during the pandemic

Abstract ID: 253

Symposium: S51 - CAP training during the pandemic

Presenting author: Konstantinos Kotsis, University of Ioannina Community CAMH Centre, Department of Psychiatry Ioannina, GREECE

Background/Objective

Coronavirus disease (COVID-19) pandemic forced healthcare systems to adapt to this new situation and therefore the changes emerged, impact all aspects of medical training from undergraduate to postgraduate training. Training experience has change since clinical workload was altered and most educational activities were cancelled to held online.

Method

Electronic databases were searched for studies relating to online training during pandemic and a narrative review was conducted.

Results

A significant impact of COVID-19 pandemic in training was reported in the literature and generally was negative. Some barriers to attend an in person meetings are eliminated due to online format, learning and quality seems equal to traditional meetings, however difficulties including mainly interaction and fatigue have been reported.

Conclusions

Online training has advantages as well as disadvantages. Probably cannot completely replace the in person training however it is difficult to return to pre pandemic condition. Online educational activities probably will remain, but traditional meetings will have a key role. Their advantages such as networking, interaction and social benefits are difficult to be replaced in an online format. The adoption of a hybrid model that overcomes the barriers and holds the benefits of traditional practices, may be a sustainable model for the future.



A longitudinal MRI study of the connectome in adolescent offspring at familial high risk for bipolar disorder or schizophrenia

Abstract ID: 254

Symposium: S83 - New insight from brain imaging studies

Presenting author: Simon Poortman, Erasmus University Medical Center Child and Adolescent Psychiatry Rotterdam, THE NETHERLANDS

Background/Objective

Offspring of parents with severe mental illness (e.g., bipolar disorder [BD] or schizophrenia [SZ]) are at elevated risk for developing psychiatric illness, owing to both genetic predisposition and increased burden of environmental stress during childhood. Emerging evidence indicates a disruption of brain network connectivity in young offspring of BD and SZ patients, but the development of the connectome in this at-risk population remains to be elucidated. This longitudinal study sought to investigate the structural connectome in offspring at familial high risk for BD or SZ.

Method

A total of 288 diffusion-weighted scans were obtained from 185 offspring (aged 8-18 years at baseline) of at least one parent diagnosed with BD (n=79) or SZ (n=52) and community control offspring (n=54),

of which 103 underwent a follow-up scan (2.2 to 5.9 years between scans). Anatomical brain networks were reconstructed into structural connectivity matrices with the number of streamlines (threshold \geq 5) between each pair of brain regions as the weight of their connection. Graph theoretical analysis was performed to obtain the connectivity strength, global efficiency, clustering coefficient and modularity from each connectivity matrix. Linear mixed-effects models were used to examine group differences in each brain network metric, including age, age-by-group, sex and scanner site as fixed-effects, and family and within-subject dependence as random-effects.

Results

The linear mixed-effects analyses yielded no significant effects of age on any of the brain network metrics nor a difference in age effects between groups.

Conclusions

Whether presence or severity of psychopathology plays a role in connectome development has yet to be investigated.

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Parental reports on corporal punishment attitudes and norms, and on child dysfunctioning: is there a connection? Reports by parents in a nationally representative sample

Abstract ID: 255

Symposium: S85 - Families and Trauma

Presenting author: Roberto Grujicic, *Institute of Mental Health Clinic for Children and Adolescents Belgrade, SERBIA*

Background/Objective

Corporal punishment (CP) is a widely spread disciplining technique among parents and caregivers globally. The aim of our paper was to explore the relationship between the parental attitudes towards CP, expected outcomes of CP, and parenting practices, with the reported dysfunctions of their children.

Method

The present study involved a nationally representative sample of 1186 parents in Serbia, who had at least one child aged 0 to 18 years at the moment of interviewing. The parents filled out a series of interviews on their attitudes towards CP, expectations of CP outcomes and their parental practices.

Results

The most commonly reported child dysfunctions in our sample were the academic dysfunctions (27.2%), followed by the developmental dysfunctions (20%) and psychological-emotional dysfunctions (3.9%). Our findings indicate that parents that report having a child with dysfunctions have significantly more positive attitudes towards CP ($p < 0.001$). In addition, parents who had children with dysfunctions more often reported that they expected that the outcomes of CP were positive ($p < 0.001$). These parents also report using more CP as a disciplining method, as well as other harsh disciplining techniques.

Conclusions

When these measured effects combine, this puts the children with health-related and school-related issues at significant risk of further maltreatment and abuse.

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Stress and the City: the association between urban characteristics and psychotic experiences in adolescents at risk of psychopathology

Abstract ID: 260

Symposium: S93 - At risk for psychosis

Presenting author: Diandra Bouter, Erasmus MC Department of Psychiatry Rotterdam, THE NETHERLANDS

Background/Objective

The fact that over two-thirds of the world's population is predicted to live in cities by 2050 (WHO), asks for a better understanding of how the urban environment affects mental health. Urbanicity has repeatedly been found to be a risk indicator, in particular for schizophrenia. Here, we explore the factors underlying the association between urbanicity and psychotic experiences (PE) in adolescents.

Method

Participants are 966 adolescents from a population based cohort of adolescents from the iBerry Study (Investigating Behavioral and Emotional Risk in Rotterdam Youth), a Dutch at-risk cohort of adolescents oversampled on their self-reported emotional and behavioral problems. We studied the association between urban characteristics and PE using linear regression analyses. Detailed geodata of surrounding address density, green space density and mixed noise levels (road, rail, air, industry, and wind power) were linked to explore what factors in the urban exposome were associated with PE. Analyses were adjusted for age, gender, ethnicity, substance use, parental education level and parental psychopathology. Furthermore, we explored gender-interaction effects.

Results

Urban characteristics were positively associated with PE. Notably, although the different characteristics of the urban environment were only weak to moderately correlated, all characteristics were associated with PE. Sensitivity analysis indicated that our findings were robust. A gender-by-urbanicity interaction was found, illustrating that urbanicity was only associated with PE in boys and not in girls.

Conclusions

Living in an urban area is associated with more PE in adolescents. Our research provides leads for prevention of mental ill health via urban designing.

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Differences in daily-life psychopathology dynamics across neurodevelopment disorders, revealed by a novel multi-layer network analysis approach

Abstract ID: 261

Symposium: S53 - Understanding environmental mediators in the presence of genetic vulnerability for psychopathology, the model of 22q11.2 Deletion Syndrome.

Presenting author: Corrado Sandini, *University of Geneva Département of Psychiatry Geneva, SWITZERLAND*

Background/Objective

Traditional psychiatric assessments do not capture the dynamics of how different symptoms fluctuate and interact with one another and with the environment. Novel digital-phenotyping tools, such as the

Experience-Sampling-Method (ESM), promise to “open the black box” of daily life, with significant clinical potential. Still the application of ESM to clinical practice has been limited by difficulties in drawing clinically meaningful conclusions from statistically complex data.

Method

We propose a novel approach Multi-Layer-Temporal-Network-Analysis approach, to analyse ESM data. Multiple ecological self-assessments were collected over the course of 6 days for 33 individuals with 22q11.2 Deletion Syndrome (22q11DS), 28 individuals with Autism Spectrum Disorders (ASD), and 44 typically developing healthy controls (HCs). Multilayer networks were reconstructed by considering both the propensity for symptoms to manifest together and the propensity for dynamical interactions between symptoms across time.

Results

Network analysis provided an intuitive characterization of the propensity for symptoms to co-occur, revealing an overall similar network structure across samples. However, samples differed substantially in terms of the dynamics interaction between symptoms across-time. 22q11DS was characterized by weaker within-time correlations but stronger across-time interactions both compared to ASD and to HCs. Individuals with ASD presented more coherent fluctuations of symptoms within a same time-point that were however more erratic and less stable across time.

Conclusions

These results suggest that different neurodevelopmental disorders, that appear similar to traditional diagnostic assessments, can be differentiated in terms of psychopathology dynamics. Differences in dynamic interactions between symptoms can be intuitively captured using temporal network analysis techniques.

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The poly-environmental risk score and psychotic experiences in adolescents at risk of psychopathology: the iBerry Study

Abstract ID: 262

Symposium: S93 - At risk for psychosis

Presenting author: Diandra Bouter, Erasmus MC Department of Psychiatry Rotterdam, THE NETHERLANDS

Background/Objective

Psychotic experiences are common in adolescents and predictive of both psychotic and non-psychotic disorders. Many risk factors have been shown to be associated with psychotic experiences, yet investigating single risk factors does not account for the combined or even additive effect of risk factors.

The poly-environmental risk score (PERS) combines well-researched environmental risk factors in a clinical model to calculate the risk for psychotic experiences.

Method

Several risk factors were measured in 966 participants of The 'Investigating Behavioral and Emotional Risk in Rotterdam Youth' (iBerry) study, a cohort of adolescents at risk of psychopathology in Rotterdam, the Netherlands. We used 16 binarized risk factors for psychosis obtained from meta-analyses to calculate the PERS. Adolescent risk factors were: winter or spring birth, obstetric complications, ethnic minority status, urbanicity, cannabis use and experiences of bullying, adverse life events, physical abuse, sexual abuse, and neglect. Six parental factors were used: higher paternal age, low socioeconomic status, psychopathology, substance abuse, divorce, and death.

Results

A higher PERS was positively associated with more psychotic experiences. Furthermore, the PERS was a clear indicator of adolescents reporting psychotic experiences above the cut-off for clinically relevant psychotic experiences.

Conclusions

A combined score of multiple risk factors in the association with psychotic experiences in adolescents has a relatively small effect size as compared to the effect of the individual risk factors. Future research should take the combined effect of risk factors into account when examining the determinants of psychopathology.

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The prevalence and combined measurement prediction of ASD in children with tuberous sclerosis complex (TSC)

Abstract ID: 263

Symposium: S14 - Psychopathology in children with rare monogenetic syndromes

Presenting author: Chantal Straver, Erasmus MC - ENCORE Expertise Centre for Neurodevelopmental Disorders Department of Child- and Adolescent Psychiatry and Psychology, Rotterdam, THE NETHERLANDS

Background/Objective

Tuberous sclerosis complex (TSC) is a rare genetic multisystem disorder characterized by the widespread growth of benign hamartomas in multiple organ systems, leading to very diverse (neuropsychiatric) manifestations, including autism spectrum disorder (ASD).

Method

We examined the prevalence of ASD in a non-selected sample of 110 children with TSC (50% male,

age range 1-17 years). The possible influence of gender, age, intellectual functioning, and mutation type was investigated. Secondly, the predictive value of both a screening instrument (Social Responsiveness Scale; SRS) and an observational assessment (Autism Diagnostic Observation Schedule; ADOS) in relation to a clinical ASD diagnosis in the sample was examined.

Results

We found a clinical ASD prevalence rate of 52.7%, substantially higher compared to the general population. Children with a clinical ASD diagnosis had significantly lower intelligence scores. No gender, age, or mutation type effects were found. The combined use of screening and observational-based classifications showed the highest positive predictive value for DSM-IV/-V ASD diagnosis.

Conclusions

This high ASD prevalence rate underlined the importance of ASD assessment in children with TSC. Furthermore, it highlighted the relevance of using both a screening instrument and an observational assessment to accurately classify children with TSC as having ASD. A better ASD prediction and classification may lead to earlier diagnosis and appropriate, personalized interventions, potentially alleviating some of the burden for both patients and their families or caregivers.



Internalizing problems in children with Tuberous Sclerosis Complex (TSC)

Abstract ID: 264

Symposium: S14 - Psychopathology in children with rare monogenetic syndromes

Presenting author: Lotte Feith, Erasmus MC ENCORE Expertise Centre for Neurodevelopmental Disorders Rotterdam, THE NETHERLANDS, Erasmus MC Department of Child- and Adolescent Psychiatry and Psychology Rotterdam, THE NETHERLANDS

Background/Objective

Internalizing problems are common in children with tuberous sclerosis complex (TSC)), often preceding more severe psychopathology, such as anxiety and mood disorders. We investigated the prevalence of internalizing problems in children with TSC, which factors are associated, and development of symptom severity over time.

Method

Internalizing problem scores on the Child Behavior Checklist (CBCL) and intellectual or developmental levels (IQ/DQ) in a non-selected sample of children with TSC were assessed. Several hierarchical regression analyses were performed to examine the association between internalizing problems and intellectual level. Externalizing problems, age, sex and the number of prescribed anti-epileptic drugs were included as control variables. This study tracked symptom severity over two follow-up visits in our patient population, using paired sample t-tests.

Results

Elevated levels of internalizing problems were reported in almost 75% of the participating children. A

significant model was found ($F=10.53$, $p < .001$) in which externalizing problems ($B=.55$, $p < .001$) and age ($B = .28$, $p < .005$) were positively associated with internalizing problems in TSC. However, IQ was found to have no influence. Furthermore, internalizing problems tend to increase with age ($p < .001$), especially in female adolescents with TSC ($p=.03$).

Conclusions

This study indicated that children with TSC generally experience high rates of internalizing problems. These problems increased over time, especially in female adolescents. Moreover, internalizing problems were indicative of higher rates of externalizing problems. Since these behaviours contribute to the burden of the disease, it is of great importance that all involved professionals are sensitive to internalizing problems.

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Using the Ecological Momentary Assessment to investigate daily-life stress reactivity in youth with autism spectrum disorders

Abstract ID: 265

Symposium: S46 - The promise of digital phenotyping to provide a better characterization of behavior in children and adolescents with autism spectrum disorders

Presenting author: Laura Ilen, *University of Geneva Faculty of Psychology and Educational Sciences Geneva, SWITZERLAND*

Background/Objective

Increased reactivity to minor stressors is associated with negative clinical evolution. Digital phenotyping through Ecological Momentary Assessment (EMA) provides a valuable approach to study stress reactivity in daily-life. EMA is a well-suited technique to investigate affective reactivity to stress (i.e., increase in negative affects (NA) in response to stress) in the context of daily-life with high ecological validity and less recall biases than traditional pen-and-paper surveys. Here, we aim to investigate affective reactivity to daily stress in youth with autism spectrum disorders and the link between stress reactivity and clinical manifestations.

Method

The present study includes participants with ASD ($n = 38$) as well as healthy controls (HC; $n = 60$), aged 12-30 years. Data collection is currently being finalized. The smart-phone based EMA was used to assess different types of daily stress (event-related, activity-related and social stress) as well as NA. In

addition, questionnaires and clinical evaluations were used to assess psychopathology and symptom severity. The current study will be co-registered and the data will be analysed after the co-registration.

Results

We hypothesize that participants with ASD would show heightened affective reactivity to daily-life stressors compared to HC. We also expect to find associations between increased stress reactivity and clinical measures, especially higher levels of psychopathology.

Conclusions

The current study adds to the growing literature regarding digital phenotyping in ASD to better understand stress reactivity and its links with clinical manifestations during adolescence and young adulthood.

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Imitation performance and visual exploration in young children with Autism Spectrum Disorder

Abstract ID: 266

Symposium: S44 - Novel technologies to investigate social processes across the lifespan

Presenting author: *Kenza Latrèche, University of Geneva Department of Psychiatry Geneva, SWITZERLAND*

Background/Objective

Imitation skills play a key role in language and social development in early childhood. Difficulties in imitation have been identified in young children with Autism Spectrum Disorder (ASD). However, the causes of these difficulties remain unclear. In our study, we investigated whether visual attention processes could explain and modulate imitation performance in young children with ASD. For that purpose, we combined eye-tracking technology with coding of video-recorded behaviors of young children with ASD.

Method

We used an eye-tracking task consisting of a 2-minute video of two actors demonstrating three types of gestures (meaningful and meaningless hand gestures, and facial gestures) and prompting children to imitate them. During the eye-tracking task, children were videotaped for later scoring. Our sample comprised 73 young children with ASD (age = 2.81 ± 0.65 , 14 F).

Results

Our preliminary results suggest that attention to the actors' faces during the entire task is positively correlated with many clinical measures such as imitation skills, verbal and non-verbal abilities, and the severity of autistic symptoms. Correlations were most robust in the condition in which facial gestures were demonstrated.

Conclusions

Considering visual attention processes is important in children with ASD because they are associated with better developmental skills in crucial domains such as language. We propose that considering visual attention processes to better understand imitation difficulties is important, and may have implications in the context of early intervention.

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Comparison of antipsychotic drug use among Dutch Youth before and after implementation of the Youth Act (2010- 2019).

Abstract ID: 267

Symposium: S88 - Impact of the organization of healthcare services.

Presenting author: Youssra Bais, Erasmus Medical Center Department of Hospital Pharmacy Rotterdam, THE NETHERLANDS

Background/Objective

The Dutch law on youth care (the Youth Act) was implemented from 2015 onwards. One of the government's aims by implementing this policy was demedicalization of youths by separating youth mental healthcare from the rest of the healthcare system. A previous study conducted by our research group showed that prevalence rates of antipsychotic drug prescriptions stabilized among Dutch youth in the period 2005 to 2015, just before the introduction of the Youth Act. In our study, we aimed to describe antipsychotic drug use among Dutch children aged 0-19 years old before and after implementation of the Youth Act (2010-2019).

Method

We analyzed prescription data of 7,405 youths aged 0-19 years using antipsychotic drugs between 2010-2019, derived from a large Dutch community pharmacy-based prescription database (IADB.nl)

Results

Prevalence rates of antipsychotic drug use per thousand youths decreased significantly in youths aged 7-12 years old in 2019 compared to 2015 (7.9 vs 9.0 $p < 0.05$). By contrast, prevalence rates increased in adolescent females in 2019 compared to 2015 (11.8 vs 9.5 $p < 0.05$). Incidence rates increased significantly in adolescent youths in 2019 compared to 2015 (3.9 vs 3.0 $p < 0.05$), specifically among adolescent girls (4.2 per thousand in 2019 compared to 3.0 per thousand in 2015). Dosages in milligram declined for the most commonly prescribed antipsychotic drugs during the study period.

Conclusions

Despite the aim of the Youth Act to achieve demedicalization of youths, no clear reduction was observed in prevalence rates of antipsychotic drugs or treatment duration in all subgroups. Prevalence rates even increased in adolescent females.

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Characterizing ADHD symptomatology and the effects of methylphenidate treatment in individuals with 22q11.2 deletion syndrome

Abstract ID: 268

Symposium: S54 - Novel insights into multifactorial mechanisms affecting mental health in neurodevelopmental disorders: The case of 22q11.2 Deletion Syndrome

Presenting author: Caren Latrèche, *University of Geneva Department of Psychiatry Geneva, SWITZERLAND*

Background/Objective

Attention Deficit and/or Hyperactivity Disorder (ADHD) is the most prevalent disorder during childhood in 22q11.2 deletion syndrome (22q11.2DS). Yet, unlike idiopathic ADHD, rates of ADHD in children with 22q11.2DS are strikingly higher. Furthermore, a greater persistence of ADHD with age is reported in adults with 22q11.2DS. However, to our knowledge, the precise manifestation of ADHD symptomatology and its evolution remain to be investigated. Using a longitudinal design, we first aimed to examine the development of ADHD symptoms in a population of individuals with 22q11.2DS. Our second aim was to investigate the effects of methylphenidate (MPH) on ADHD symptoms and on cognitive functions in individuals with 22q11.2DS.

Method

First, ADHD symptoms were longitudinally assessed using the Diagnostic Interview for Children and Adolescents (DICA) with parents of individuals with 22q11.2DS. Mixed models regression analyses were computed to explore trajectories of ADHD symptoms over time. Second, we conducted a clinical trial with 22q11.2DS participants either naïve to the molecule or chronic users. We assessed the effects of MPH on several cognitive domains (e.g., attention, executive function) and on clinical symptoms.

Results

Our preliminary results first show that inattention symptoms remain stable with age, while hyperactivity symptoms reduce over time. Second, MPH treatment was found to be effective to decrease ADHD symptoms and to improve attention and inhibition.

Conclusions

Our findings indicate that inattentive symptoms in 22q11.2DS persist with age, yet can be improved with MPH treatment. Therefore, we suggest that a better monitoring of attentional deficits is key to ensure early diagnosis and adequate care.

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Post-traumatic stress in individuals with 22q11.2 deletion syndrome

Abstract ID: 271

Symposium: S53 - Understanding environmental mediators in the presence of genetic vulnerability for psychopathology, the model of 22q11.2 Deletion Syndrome.

Presenting author: Therese van Amelsvoort, Maastricht University Psychiatry & Neuropsychology Maastricht, THE NETHERLANDS

Background/Objective

22q11.2 deletion syndrome (22q11.2DS) is a genetic multisystem disorder associated with an elevated risk of several psychiatric disorders. The prevalence of post-traumatic stress disorder (PTSD) has however been reported to be only 0.9%; lower compared to the general population (3.6%). We explored the occurrence of PTSD and related conditions in a Dutch cohort of individuals with 22q11.2DS.

Method

We retrospectively reviewed medical records from patients aged 16 years or older who visited the 22q11.2 clinics at Maastricht University Medical Centre+ and/or 's Heeren Loo. A clinical diagnosis of PTSD was the primary outcome measure. We also recorded traumatic events defined as in the DSM-5 subsection A of PTSD (i.e., exposure to actual or threatened death, serious injury or sexual violence according), additional potentially traumatic events affecting daily functioning, and any treatment for traumatic events.

Results

Of 112 patients, nine patients (8%, 95% CI: 3.0%-13.0%) had a diagnosis of PTSD. Traumatic events, often occurring during childhood, were reported in 23 patients (20.5%). An additional 17 patients (15.2%) experienced other potential traumatic events including bullying (n=13, 11.6%), multiple hospitalizations/surgeries (n=4, 3.6%) and out-of-home placement (n=4, 3.6%). Non-pharmacological treatment was reported in 20 patients (17.9%), including eye movement desensitization reprocessing (n=19, 17.0%) and cognitive behavioural therapy (n=2, 1.8%).

Conclusions

PTSD and related conditions appear to be prevalent in individuals with 22q11.2DS, and may have been overshadowed by, or attributed to, other psychiatric disorders in previous research. Clinicians should be alert to PTSD in 22q11.2DS in order to minimize psychiatric burden with reduced quality of life.

Co-authors:

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Personality functioning in adolescence and parallels with ICD-11: the role of subjective peer and family relationship quality

Abstract ID: 272

Symposium: S98 - Risk factors for personality disorders

Presenting author: Gabriele Skabeikyte-Norkiene, Vilnius university Institute of Psychology Vilnius, LITHUANIA

Background/Objective

The dimensional view towards personality disorders proposed in ICD-11 posits the severity of dysfunction as the first criterion for the evaluation of personality disorders. The severity continuum covers self and interpersonal domains which are also conceptualized in DSM-5 model as personality functioning. There is ongoing research about the factors that alter the course of personality development and evidence suggest that identity development and interpersonal competence are influenced and shaped by the individual's social relations. The aim of this study is to evaluate the predictive power of relationship quality in different contexts for the level of personality functioning.

Method

868 adolescents aged 11-17 ($M=14.42$, $SD=1.60$) from public schools were enrolled in the study. Personality functioning was assessed using the Levels of Personality Functioning Questionnaire (LoPF-Q 12-18). The quality of relationships was evaluated with Network of Relationships Questionnaire-Relationship Qualities Version (NRI-RQV).

Results

Linear regression models reveal that significance of the effects differs depending on the relationship type. Only in parent-child relationship positive qualities (closeness) or negative qualities (discord) significantly predict personality functioning total and self-domain scores. Closeness in peer and parent relationships predict higher functioning in interpersonal domain. When qualities of both valence are entered simultaneously, the model becomes statistically significant for both peer and family relationships.

Conclusions

Results suggest that relationship quality in different social contexts is significant for personality functioning in adolescence. Peer and family subjective relationship quality, and its valence seem to interact with each other and have a cumulative effect on personality functioning rather than having independent effects.

Co-authors:

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Involvement of inflammation and blood-brain barrier permeability in cognitive deficits and psychosis in 22q11.2 deletion syndrome

Abstract ID: 273

Symposium: S54 - Novel insights into multifactorial mechanisms affecting mental health in neurodevelopmental disorders: The case of 22q11.2 Deletion Syndrome

Presenting author: Michal Taler, Sheba, Tel Hashomer The Pediatric Molecular Psychiatry Laboratory Ramat-Gan, ISRAEL, Tel Aviv University Sackler Faculty of Medicine Tel-Aviv, ISRAEL

Background/Objective

22q11.2 deletion syndrome (22q11.2DS) is characterized by high rates of psychotic disorders and immune abnormalities. Blood-brain barrier (BBB) permeability is known to be a risk factor for schizophrenia and immune aberrations. In this two steps study, we identified inflammatory markers that may play a role in the pathophysiology of psychosis and cognitive deficits and evaluated the relationship between psychosis and BBB permeability.

Method

Forty-nine individuals with 22q11.2DS and 30 matched healthy controls underwent psychiatric and cognitive assessments. Blood samples were analyzed for C-reactive protein (CRP), interleukin (IL)-6, IL-10, and tumor necrosis factor-alpha (TNF α). We then combined our cohort with a similar Belgium cohort and added an Israeli children cohort to examine two biomarkers for BBB permeability, s100 β , and neuron-specific enolase (NSE)

Results

22q11.2DS participants had elevated levels of CRP, IL-6, TNF α , and IL-10 compared with controls. The psychotic 22q11.2DS participants had higher levels of IL-6 compared with the nonpsychotic and controls. IL-6 levels correlated with severity of cognitive deficits. NSE and s100 β were elevated in adults with 22q11.2DS compared to controls, specifically in the non-psychotic sub-group. In contrast, there were no differences between the two pediatric groups.

Conclusions

Our findings indicate an inflammatory involvement in the pathophysiology of psychosis and cognitive deficits in 22q11.2DS. Increased BBB permeability seems to be a trait of 22q11.2DS that evolves sometime in early adulthood. Our findings are in line with reports on non-syndromic schizophrenia, suggesting potential novel pathways to psychosis in 22q11.2DS.

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The Validation of the Medical Burden Scale in Individuals with 22q11.2 Deletion Syndrome

Abstract ID: 274

Symposium: S54 - Novel insights into multifactorial mechanisms affecting mental health in neurodevelopmental disorders: The case of 22q11.2 Deletion Syndrome

Presenting author: Noam Matalon, Sheba, Tel Hashomer The Pediatric Molecular Psychiatry Laboratory Ramat-Gan, ISRAEL

Background/Objective

The 22q11.2 deletion syndrome (22q11.2DS), is a multi-system congenital condition that its salient features include an increased risk for psychiatric disorders including schizophrenia, cognitive deficits and multi-organ medical comorbidities. Objectives: In the current research, we aim to design and validate the Medical Burden Scale in 22q11.2DS.

Method

The severity of participants' symptoms in each medical system was set between 0 and 4 consisting of cardiovascular, ear-nose-throat, immune, endocrine, gastroenterology, genitourinary, neurology, orthopedic. Furthermore, the participants' cognition level (IQ score) and severity of psychiatric morbidity was adjusted to the 0-4 scale as well. Along with a thorough psychiatric evaluation, a global assessment of functioning (GAF) score was quantified for each participant.

Results

So far we recruited 44 individuals with 22q11.2DS (age 24.0 ± 10.9 , females=24). A multiple linear regression was calculated to predict GAF score based on participants' their medical system, psychiatric and cognitive deficits and level of psychopathology. On a linear regression model, severity of neurological symptoms ($\beta = -.30$, $p = .031$) and psychiatric morbidity ($\beta = -.44$, $p = .003$) were significantly associated with GAF scores

Conclusions

Our preliminary findings indicate that in addition to psychiatric morbidity neurological symptoms affect overall functioning of individuals with 22q11.2DS. We hope that with a larger sample size we will be

able to detect more medical systems that are affecting overall functioning and quality of life in 22q11.2DS.

Co-authors:

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Evaluation of Early Medical Treatment for Gender Dysphoria in Adolescence: a Long Term Follow-up Study into Adulthood

Abstract ID: 276

Symposium: S21 - New Research Findings with Clinical Implications from the Amsterdam Transgender Youth Cohort

Presenting author: *Frédérique de Rooy, Amsterdam UMC, location VUmc Child and adolescent psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

The Center of Expertise on Gender Dysphoria in Amsterdam (CEDG) was the first to start gender-affirming medical treatment (GAMT) of transgender adolescents in 1989. From 2000 onwards, a new treatment protocol was established consisting of gonadotropin-releasing hormone agonist when entering early puberty (Tanner Stage 2). The aim of this study is to assess the long-term outcomes of early GAMT in transgender adolescents.

Method

The study is a collaboration between the children- and adolescent psychiatry, endocrinology, and gynaecology departments of the CEDG. Participants have a mean time after intake of 15 years and are asked to complete an online survey on experienced gender dysphoria, psychological functioning, sexuality, fertility and on how they reflect on their treatment. Participants are also invited to participate in a semi-structured interview discussing their views on their iatrogenic infertility. Inclusions and analyses for this study are still ongoing and set to be complete by July 2022.

Results

Currently, 97 of 208 potential participants completed the online survey and 11 trans men and 10 trans women participated in the semi-structured interviews about their iatrogenic infertility. Preliminary results indicate that mental health at follow-up is comparable to that of peers. Moreover, gender identity remained stable and no gender dysphoria was experienced. Challenges relating to fertility exist.

Conclusions

Transgender persons who received early GAMT do not experience gender dysphoria in adulthood and have a mental health comparable to that of peers. With the results of this study we will contribute to further improvement of care for transgender adolescents.

Co-authors:

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Transdiagnostic Neural Signatures in common Pediatric Psychiatric Disorders: a data-driven meta-analysis of functional neuroimaging studies

Abstract ID: 277

Symposium: S83 - New insight from brain imaging studies

Presenting author: Jules R Dugré, *University of Montreal Psychiatry and Addiction Montreal, CANADA*

Background/Objective

In the last decades, neuroimaging studies have attempted to unveil the neurobiological markers underlying pediatric psychiatric disorders. However, children diagnosed with such disorders are likely to receive an additional diagnosis in the following years. Yet, the vast majority of neuroimaging studies focus on a single nosological category, which limit our understanding of the shared/specific neural correlates between these disorders. Therefore, we aimed to investigate the transdiagnostic neural signatures through a novel meta-analytical method.

Method

A data-driven meta-analysis was carried out which grouped similar experiments topographic map together, irrespectively of nosological categories and task-characteristics. Then, activation likelihood estimation meta-analysis was performed on each group of experiments to extract spatially convergent brain regions.

Results

One hundred forty-seven experiments were retrieved (3199 subjects): 79 attention-deficit/hyperactivity disorder, 32 conduct/oppositional defiant disorder, 14 anxiety disorders, 22 major depressive disorders. Four significant groups of experiments were observed. Functional characterization suggested that these groups of aberrant brain regions may be implicated internally/externally directed processes, attentional control of affect, somato-motor and visual processes. Furthermore, despite that some differences in rates of studies involving major depressive disorders were noticed, nosological categories were evenly distributed between these four sets of regions. Additionally, main effects of task characteristics were observed.

Conclusions

By using a data-driven meta-analytic method, we observed four significant groups of aberrant brain regions that may reflect transdiagnostic neural signature of pediatric psychiatric disorders. Overall, results of this study underscore the importance of studying pediatric psychiatric disorders simultaneously rather than independently.

Co-authors:

Stéphane Potvin, University of Montreal Psychiatry and Addiction Montreal, CANADA



Transition from institutional to community system of care: safeguarding issues; the case of Greece

Abstract ID: 278

Symposium: S43 - Protecting patients from violence in medical institutions - the need for general safeguarding measures

Presenting author: Konstantinos Kotsis, *University of Ioannina Community CAMH Centre, Department of Psychiatry Ioannina, GREECE*

Background/Objective

The magnitude of child abuse and neglect (CAN) in institutions is unknown due to the lack of systematic collection of data. However, various incidences of CAN in institutions, have been disclosed in public and represent a major discussion in a political, social, and medical level.

Method

Qualitative empirical data will be discussed regarding safeguarding measures in Greece.

Results

Due to the psychiatric reform, large mental health institutions (asylum-like) were closed, replaced by small (<10 beds) inpatient units within paediatric or general hospitals. However, safeguarding measures and procedures are not common and have not yet implemented. In relation to institutional level, various events of abuse and violation of human rights were disclosed in the public opinion, with the latest revealed in December 2021.

Conclusions

Children must be carefully protected from abuse when they are in any type of care. The need for implementation of safeguarding measures is necessary. Good practices from other countries, adapted to Greece situation in medical institutions, should be adopted. Moreover, prioritization of abuse and neglect prevention is needed along with continuous education of professionals working in child health care.



Decision Making Capacity in Transgender Adolescents

Abstract ID: 281

Symposium: S21 - New Research Findings with Clinical Implications from the Amsterdam Transgender Youth Cohort

Presenting author: Annelou L.C. de Vries, Amsterdam University Medical Centers, Location VUmc child and adolescent psychiatry, center of expertise on gender dysphoria Amsterdam, THE NETHERLANDS

Background/Objective

Transgender care for adolescents has rapidly evolved in the past decades. This gave rise to several challenges, such as medical decision-making competence (MDC) in transgender adolescents. This presentation will present three studies on MDC in adolescent transgender care.

Method

First, a study assessing MDC with the MacArthur Competence Assessment Tool for Treatment (MacCAT-T) will be presented. This is a validated semistructured interview that offers a replicable way to investigate MDC. Furthermore, a qualitative interview study will be presented on stakeholders' (adolescents, parents and health care providers) perceptions on MDC regarding puberty suppression in transgender adolescents. Finally, an ethics support tool for care providers dealing with moral dilemmas around MDC of transgender and gender diverse adolescents was developed.

Results

Of transgender adolescents, 93.2% (reference standard judgement) and 89.2% (MacCAT-T judgements) were assessed competent to consent to medical decisions. Adolescents, their parents and clinicians valued the time on puberty blockers worthwhile to more fully grasp its' implications and subsequent treatment with affirming hormones. The ethics support tool for care providers supports at providing information on what decision-making capacity entails and how to deal with various morally challenging issues: discussing long-term effects (like fertility), how to involve parents, dealing with psychiatric conditions (like autism) etc. Interviewees preferred a stepwise tool or flowchart to consider and clarify these issues.

Conclusions

Decision making capacity is challenging but can be assessed and supported in transgender care for adolescents.



Pragmatic Quasi-Experimental Controlled Trial Evaluating the Outcomes of Blended CBT Compared to Face-to-Face CBT and Treatment as Usual for Adolescents with Depressive Disorders

Abstract ID: 284

Symposium: S42 - Opportunities of different types of eHealth for (early)treatment of adolescent depression and other mental health problems of adolescents

Presenting author: Yvonne Stikkelbroek, *Utrecht University Clinical Child and Family Studies Utrecht, THE NETHERLANDS, GGZ Oost Brabant Depression Expert Center Youth Utrecht, THE NETHERLANDS*

Background/Objective

Depression is a major problem in youth mental health. Current treatment is on average effective, but adolescents are hesitant to seek help. Blended treatment could lower the barriers to seeking treatment. Evidence on effectiveness is, however, scarce.

Method

A pragmatic quasi-experimental controlled trial within routine, aimed to compare the outcomes of blended cognitive behavioral therapy (CBT) to face-to-face CBT and treatment as usual (TAU) within routine care. A total of 129 referred adolescents with clinical depression (82.2% female), aged 13–22 ($M = 16.60$, $SD = 2.03$) received blended CBT, face-to-face CBT or TAU. Assessments conducted at baseline, post-intervention, six- and 12 months follow-up.

Results

Participants in the three conditions were evenly likely to be in remission from their depressive disorder at post-intervention and at six-month follow-up. Depressive symptoms decreased significantly over time in all three conditions, and changes were not significantly different between conditions. As was also the case in all three conditions from baseline to the 12-month follow-up. Also, suicide risk, inter-externalizing symptoms, severity of depression, and global functioning did not differ between conditions. The treatment dosage for blended treatment consisted of an average of 5.77 ($SD = 3.22$; range 0–12) sessions in contrast to 15.06 ($SD = 4.05$; range 6–27) sessions in CBT and 15.00 ($SD = 3.74$; range = 4–20) sessions in the treatment as usual condition. Feasibility will also be discussed.

Conclusions

There was no evidence for favorable outcomes for face-to-face therapies above blended CBT, blended CBT may also be an effective treatment format in clinical practice.



Crossing borders (in multiple ways)

Abstract ID: 286

Symposium: S41 - Crossing borders: Animal-assisted therapy in childpsychiatry

Presenting author: Esther Hiemstra, *GGMD Child and adolescent psychiatry Groningen, THE NETHERLANDS*

Background/Objective

I was trained in EAT in 2020 in New Zealand, where I was working and living at that time. After return to the Netherlands I started working as a child psychiatrist for a service specialized in mental health services for deaf people. During my work at this service I realised that the therapies we were giving as mental health professionals were all verbal. I also realised that communication with and amongst deaf

people is different from our verbal communication. So I started to wonder if EAT might just be more suitable for working with deaf children.

Method

We are currently working on developing a research model for a study on the effects of EAT in deaf children with psychiatric problems. We will assess the effects of EAT on behaviour and/ or symptoms and quality of life. I will present the first ideas on developing a research model for this study.

Results

There are no results in at this time, as this study has not been submitted yet. I will therefore present a video of a EAT session with a deaf child.

Conclusions

I will present the first conclusions on our first equine assisted therapy sessions with deaf children. And I will also present a few of the experiences from the children and their parents.



Parental Expressed Emotion, Parenting Stress, and Behavioral Problems of Young Children with 22q11.2 Deletion Syndrome and Idiopathic Autism Spectrum Disorder

Abstract ID: 287

Symposium: S53 - Understanding environmental mediators in the presence of genetic vulnerability for psychopathology, the model of 22q11.2 Deletion Syndrome.

Presenting author: Yaffa Serur, Sheba, Tel Hashomer The Child Psychiatry Division, The Edmond and Lily Safra Children's Hospital Ramat-Gan, ISRAEL

Background/Objective

The 22q11.2 deletion syndrome (22q11DS) is a neurogenetic caused by homozygous 3MB microdeletion of the long arm of chromosome 22. While research has documented the psychiatric, cognitive and social impairments in children with 22q11DS, only a handful of studies have examined parental environmental characteristics and risk factors that could contribute to the 22q11DS neurobehavioral phenotype. This study examined the associations of parents' Expressed Emotion (EE) and parenting stress, with behavioral problems of children with 22q11.2 deletion syndrome, idiopathic autism (iASD) and typically developing (TD) children

Method

Parents of children aged 3-8 years with 22q11DS, iASD and TD, were assessed by the Five-Minute-Speech-Sample (FMSS) interview, and completed the Parental Stress Index and Children Behavioral Checklist.

Results

Parents' FMSS-EE-criticism was higher among parents of children with 22q11DS and iASD compared to parents of TD children. FMSS-EE scores predicted children's behavioral problems, above and

beyond parenting stress. The associations between FMSS-EE, parenting stress and children's behavioral problems were consistent across 22q11DS, iASD and TD children

Conclusions

These findings highlight the need for targeting parents' EE and parenting stress as integral elements in the screening and prevention of behavioral problems of young children with 22q11DS and iASD.

Co-authors:

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A realist evaluation of a transdiagnostic ecological momentary intervention for improving self-esteem (SELFIE) in youth exposed to childhood adversity.

Abstract ID: 288

Symposium: S55 - Transdiagnostic ecological momentary interventions targeting specific constructs aimed at improving youth mental health.

Presenting author: Mary Rose Postma, Maastricht University Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience Maastricht, THE NETHERLANDS, Mondriaan - Maastricht, THE NETHERLANDS

Background/Objective

Childhood trauma is seen as a risk factor for developing a range of mental disorders via pathways through self-esteem. Thus, research has shown that self-esteem may be an important transdiagnostic mechanism targetable by ecological momentary interventions.

Method

This talk will shortly introduce a real-time and real-world delivery of a low-level ecological momentary

intervention (EMI) targeting low self-esteem in traumatized youth in daily life. This EMI is being delivered as part of an ongoing randomized controlled trial named the SELFIE study. Besides investigating its efficacy, a process evaluation is being conducted using the method of realist evaluation. Expert interviews and a focus group with stakeholders have led to an initial program theory, that is now being further refined based on individual interviews with participants who have received the SELFIE intervention.

Results

Preliminary results will be presented.

Conclusions

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Co-authors:

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Self-harm and suicidal behavior among children and youth - the impact of the COVID-19 pandemic

Abstract ID: 289

Symposium: S92 - Selfharm/COVID-19

Presenting author: Darja Segan, University of Novi Sad, Faculty of Medicine Department of Psychiatry and Psychological Medicine Novi Sad, SERBIA, University Clinical Center of Vojvodina Clinic of Psychiatry Novi Sad, SERBIA

Background/Objective

Systemic changes and epidemiological measures due to the pandemic have presented as potential risk factors for worsening of the mental state of children and youth. Our goal was to assess the impact of the pandemic on self-harming and suicidal behavior in this population.

Method

Research was conducted as a retrospective, cross-sectional study, including data from medical documentation of 1129 patients, age between 10 and 18 (mean age 14,17; 57,8% girls), which had first psychiatric examination in the Institute of Mental Health in Belgrade, Serbia between March 1st 2019 and August 31st 2021. Presence of non-suicidal self-injury and suicidal behavior during the pandemic was compared to a one year period before the pandemic.

Results

Proportion of patients with non-suicidal self-injury was increased in the second year of the pandemic period (28,8%) compared to year prior (12,6%) and the first year of the pandemic (11,8%) ($\chi^2(2)=45,938$, $p=0,000$, Cramer's $V=0,202$ (moderate effect)). A similar pattern was observed with the frequency of suicidal behavior, with no differences between the prior period (7,3%) and the first year of the pandemic (7,0%), and a significant increase in the second year (11,9%) ($\chi^2(2)=6,893$, $p=0,032$, Cramer's $V=0,078$ (weak effect)).

Conclusions

Our findings suggest that there is a trend of increase of self-injury and suicidal behavior among children and youth seeking mental health help during the pandemic, compared to the year prior, especially in the second year of the pandemic, which could suggest that the full extent of its effect on the mental health of this population is yet to arise.

Co-authors:

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PREVENTION OF CHILD MENTAL HEALTH PROBLEMS IN LOW AND MIDDLE-INCOME COUNTRIES IN SOUTHEAST EUROPE DURING COVID-19 PANDEMIC

Abstract ID: 293

Symposium: S101 - Social economic stressors

Presenting author: Marija Raleva, *University Clinic of Psychiatry Department of Child and Adolescent Psychiatry Skopje, REPUBLIC OF NORTH MACEDONIA*

Background/Objective

Children in low and middle-income countries (LMIC) face elevated risks of child mental health problems due to early exposure to adverse experiences. COVID-19 pandemic is one of the crucial adverse experiences in low-income settings. Parenting for Lifelong Health (PLH) is one of the first programs to prevent adverse childhood experiences in LMIC, proving to be beneficial in times of elevated stress for parents as well as for children during the pandemic.

Method

The aim of RISE project (2018-2021) is to reduce child mental health problems and violence against children in three LMIC countries: Romania, Republic of Moldova and North Macedonia, including reduction of parenting stress and improving mental health of parents in times of elevated stress due to COVID-19. RISE project is implemented over 3 phases: 1) Preparation, 2) Optimization, and 3) Evaluation. The Evaluation Phase is a multisite RCT of optimized program which was delivered online during the pandemic with COVID-19.

Results

During the Evaluation Phase 976 families recruited across the 3 countries, 952 of which showed to be eligible, and 822 were assessed at baseline and were enrolled in the study (415 in the PLH program and 407 in the control group). Results of the study will be presented and discussed.

Conclusions

It has been proven that early intervention programs are efficacious and cost-effective approach to address key risk factors for chronic mental health problems and interventions which are culturally acceptable can be transferred across settings, especially in times of global burden of COVID-19 pandemic.

Co-authors:

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Geneva Model: first line mental health care for adolescents

Abstract ID: 295

Symposium: S33 - Innovative strategies to access mental health care for youth

Presenting author: Marian Garcia Iglesias, *Département Instruction Publique Office Médico-Pédagogique Geneva, SWITZERLAND*

Background/Objective

In Switzerland, even though 22.5% of adolescents (Steinhausen 1998) have psychological difficulties, they are reluctant to see a mental health professional. Only 10-30% will refer to a psychotherapist (Rapport national sur la santé 2020). Given that onset of most of the psychiatric disorders happens during adolescence years (Kessler 2007), there is a growing need to reach adolescents with psychological difficulties in order to provide the needed support.

Method

One approach would be to extend the mental health network to schools where adolescents spend the most of their time; as we are doing in the Office Medico-Pédagogique in Geneva, Switzerland. There are at least two clinical psychologists in all the Cycles d'Orientation, mandatory schools for the 12-15 yo which includes 13033 adolescents. Since 2017, we have been gathering data: demographic data, reasons of consultation, who bring them in, the length of treatment and the outcome.

Results

Our preliminary analysis revealed a very important consultation needs with an increase during school year 2020-2021 (COVID 19 pandemic). Almost 21% of teenagers have requested to see the psychologist in the school, and 5% of teenagers needed further consultation in external mental health services. The main observations were school refusal, anxiety and depressive symptoms.

Conclusions

In conclusion, this preliminary results show that first line clinical psychologist in schools is a good strategy to facilitate the access to mental health services to address the rise of needs within adolescents.

Co-authors:

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Characteristics of individuals with 22q11.2DS who convert to psychotic disorders during a long-term close psychiatric follow-up

Abstract ID: 296

Symposium: S53 - Understanding environmental mediators in the presence of genetic vulnerability for psychopathology, the model of 22q11.2 Deletion Syndrome.

Presenting author: Katia Kulikova, Sheba, Tel Hashomer The Pediatric Molecular Psychiatry Laboratory Ramat-Gan, ISRAEL

Background/Objective

Psychotic spectrum disorders occur in about one-third of individuals with 22q11.2DS. . We will focus on 20 individuals who converted to a psychotic spectrum disorder during this time interval.

Method

In this lecture we will present the results of in-depth analysis of individuals with 22q11.2DS who have been psychiatrically treated at one clinic by a single child psychiatrist (DG) during the last two decades

Results

We will characterize the risk factors including trajectories of psychiatric disorders and history of psychopharmacological treatments of these 22q11.2DS individuals who converted to psychotic disorders.

Conclusions

A longitudinal study is a promising tool for isolating potential risk factors for psychosis.

Co-authors:

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Pegasus, Equine-Assisted Therapy for therapy-resistant adolescents with autism spectrum disorders, a replicated AB design

Abstract ID: 297

Symposium: S41 - Crossing borders: Animal-assisted therapy in childpsychiatry

Presenting author: Jenny den Boer, Karakter Gelderland Ede, THE NETHERLANDS

Background/Objective

BACKGROUND: For people with autism spectrum disorder (ASD), daily life is highly stressful and traumatic with many unpredictable events that can evoke emotion dysregulation (ED). For a part of the

patients with ASD, treatment as usual does not have any effect at all on ED. A highly promising method that may prove effective for those patients is Equine-Assisted Therapy (EAT). While often met with prejudgment and skepticism, reports from parents and therapists as well as a recent systematic review suggest that EAT may have beneficial effects in youths with ASD. As we presume part of the audience will not be familiar with this kind of intervention, we will illustrate the intervention with a short video.

Method

We use a mixed-methods strategy consisting of three elements: a randomized, multiple-baseline single-case design (n=35), a qualitative study (n=8-10) and a cost-effectiveness study (n=6).

Results

We will present the first experiences with EAT in therapy-resistant youths with autism-spectrum disorders in this ongoing study in the Netherlands.

Conclusions

We have formed a successful learning network around EAT and will share our first experiences with this ongoing study.

Co-authors:

Helen Klip, Karakter Childpsychiatry Nijmegen, THE NETHERLANDS

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Non-inferiority of ultra-brief, IPT-A based, crisis intervention for suicidal children and adolescents

Abstract ID: 298

Symposium: S105 - Innovative interventions for youth

Presenting author: Ella Adini-Spigelman, Bar-Ilan Psychology Ramat-Gan, ISRAEL, Schneider Children's Medical Center Depression and Suicide Clinic Petach-Tikva, ISRAEL

Background/Objective

Background: In recent years, suicidal behaviors among children and adolescents showed a substantial increase worldwide. Such a trend is also apparent in Israel and led to a dramatic increase in ER admissions, an overload of patients, and a long waiting period for treatment. Therefore, it is necessary to take into consideration the critical need for brief interventions for suicidal children and adolescents. For this purpose, as findings indicate the importance of interpersonal difficulties to suicide, we developed an ultra-brief crisis intervention, based on Interpersonal Psychotherapy for Adolescents (IPT-A-SCI). The current intervention is comprised of five sessions, followed by 3 monthly caring e-mails. Objective: to examine the non-inferiority effectiveness of an ultra-brief, IPT-A based crisis intervention, as first aid for suicidal children and adolescents in an outpatient setting.

Method

350 children and adolescents presenting depressive symptoms and/or suicidal ideation/behavior, which had referred to the Depression and Suicide Clinic at Schneider Children's Medical Center, have been assigned to either IPT-A-SCI, standard treatment or minimal intervention control group. Assessments were conducted at pre- and post-intervention.

Results

At post-intervention assessment, IPT-A-SCI was found to be as good as the standard treatment for reducing suicidal ideation, depressive symptoms, anxiety, and overall difficulties. However, treatment groups didn't have a superior impact on outcome measures compared to minimal intervention control group. Thus, all three groups exhibited reduction over time.

Conclusions

IPT-A-SCI appears to be equally effective and more resource-efficient than the standard treatment of suicidality. Hence, IPT-A-SCI is a feasible and efficient intervention targeting suicidal children and adolescents.

Co-authors:

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The SELFIE-Study: a Novel Self-esteem Ecological Momentary Intervention in Traumatized Youth

Abstract ID: 299

Symposium: S55 - Transdiagnostic ecological momentary interventions targeting specific constructs aimed at improving youth mental health.

Presenting author: Maud Daemen, *Maastricht University Psychiatry & Neuropsychology Maastricht, THE NETHERLANDS*

Background/Objective

SELFIE is an Ecological Momentary Intervention (EMI) which uses the Experience Sampling Method (ESM) as a basis for tailoring the intervention to specific needs of the individual, at moments when it is needed most. The intervention targets low self-esteem in youth exposed to childhood trauma, which is a promising strategy to minimize the deleterious impact of childhood trauma. The aim of the SELFIE-study is to test the efficacy of this EMI.

Method

: In a randomized controlled trial, youth aged 12-25 with prior exposure to childhood trauma across the Netherlands, were randomly allocated to the experimental (6-week SELFIE-intervention in addition to treatment as usual, TAU) or to the control condition (TAU only). Data is collected pre- and post-intervention and at 6-, 18- and 24-month follow-up. Subjects allocated to the experimental condition received the guided self-help intervention “SELFIE” through a trained therapist. The intervention consists of three sessions with a trained therapist, e-mail contact, and the SELFIE using a guided self-help approach administered through a smartphone-based PsyMate® App to allow for interactive, personalized, real-world and real-time transfer of intervention components in individuals’ daily lives.

Results

Data is currently being collected, and we expect to be able to present preliminary results at the ESCAP conference 2022.

Conclusions

To our knowledge, this is the first EMI focusing on improving self-esteem transdiagnostically in traumatized youth. The potential effects of this study can help to minimize the deleterious impact of childhood trauma by improving self-esteem, and thereby, preventing the development of adult mental disorders.

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Behavioral problems hinder societal functioning of adolescents and young adults with an Autism Spectrum Disorder

Abstract ID: 301

Symposium: S39 - Complex youth or Complex care? A multiple perspective study on youth with severe and during mental health problems

Presenting author: Emma van Daalen, Yulius Organization for Mental Health Child and Adolescent Psychiatry Dordrecht/Rotterdam, THE NETHERLANDS, Youz/Parnassia Organization for Mental Health Child and Adolescent Psychiatry Gouda/The Hague, THE NETHERLANDS

Background/Objective

Management of behavioral problems is a not only a challenge for adolescents and young adults with autism spectrum disorders, but also for their parents, teachers, peers, employers, and other mentors.

Method

A qualitative research approach based on a search of the literature, focus groups and in-depth interviews, was applied to shed light on modifying factors in the relationship between behavioral problems and societal participation of adolescents and young adults with ASD.

Results

It was established that behavioral problems in this group were associated with an interrelated complex of factors at the micro, meso and macro level of society. identified factors were for instance; limited insight in own strengths and weaknesses, preconceived opinions in professionals and inadequate professional collaborations.

Conclusions

To prevent negative societal outcomes, a sustainable, multi-sectorial approach towards all involved stakeholders is therefore needed. For this purpose, currently as part of the Academic Workplace Autism, inter-disciplinary teams are co-creating a set of complementary, suitable innovations.

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A national expert network supporting local networks with focus on enhancing timely detection and early intervention of autism spectrum disorder: its development and impact in the Netherlands.

Abstract ID: 303

Symposium: S95 - Challenges for mental health professionals

Presenting author: Iris Oosterling, Karakter Child and Adolescent Psychiatry University Centre Nijmegen Young Child Centre Nijmegen, THE NETHERLANDS

Background/Objective

Inspired by the European COST-ESSEA network (Enhancing the scientific study of early autism: A network to improve research, services and outcomes) initiated by Tony Charman (2010-2014), we successfully founded the National Autism Young Child Expertise Network (AJK) in 2013.

Method

The starting point for its establishment was to promote knowledge sharing and national cooperation. Our ultimate wish is that throughout the Netherlands, all young children with or at risk of autism spectrum disorder (ASD) and their families receive the very best care; focused on what is needed, and connected to the current needs of families. The network stands for collaboration, inspiration and innovation, and brings together the expertise of care providers, scientific knowledge and experiences of parents concerning recognition, diagnosis and treatment of ASD in children aged 0-6 years.

Results

The first aim of this presentation is to outline how the network developed and increases impact, with the hope of inspiring others to start something similar in their own countries.

Conclusions

The second aim is to present the strategy that has been adopted by the AJK to promote early recognition and intervention, by 1) educating professionals, and 2) offering early intervention at first signs (without diagnosis). The emphasis in this presentation will be on the development of an early intervention called BEAR: Blended E-health for children at eArly Risk. BEAR aims to shorten the time gap between parental first worries and start of adequate care (which typically easily can exceed two years). Pilot results of a scientific study will also be presented.

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Attitudes towards patients with mental health disorders among child psychiatrists across Europe

Abstract ID: 305

Symposium: S86 - Lifelong learning for professionals

Presenting author: Dorottya Óri, Heim Pal National Pediatric Institute Department of Mental Health Budapest, HUNGARY, Semmelweis University Institute of Behavioural Sciences Budapest, HUNGARY

Background/Objective

Many people think that people with mental disorders might be dangerous or unpredictable. Mental health-related stigma occurs not only within the public community but is an issue among professionals as well. Our study is the first that investigates the stigmatising attitude of child psychiatrists across Europe. We designed a cross-sectional, observational, multi-centre, international study of 32 European countries to investigate the attitudes towards patients among specialists and trainees in the field of child and adolescent psychiatry.

Method

We measured the stigmatising attitudes via an internet-based, anonymous survey using the local version of the Opening Minds Stigma Scale for Health Care Providers in each participating country.

Results

A total of 906 trainees (n=264) and specialists (n=642) in child psychiatry participated in our study; the majority of them (n=380) were young colleagues between 24-35 years of age. Psychiatrists who have ever sought help for their own mental health problems had lower scores than those who have not [29 (29-30) vs 31 (30-32), p=0.0021]. On the other hand, case discussion, supervision or Balint-groups attendees' and those who provide psychotherapy to their clients had more favourable attitudes compared to those who do not have this option or do not provide psychotherapy [30 (29-31) vs 31 (30-32), p=0.0009] and [30 (29-30) vs 31 (31-33), p=0.0001].

Conclusions

The favourable attitudes of child psychiatrists are associated with their previous help-seeking behaviour for any kind of psychiatric condition, active psychotherapeutic practice and the opportunity to attend case discussion groups. These should be considered when tailoring anti-stigma interventions for psychiatrists.

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Childhood parental death and the formation and quality of adult romantic relationships

Abstract ID: 307

Symposium: S57 - Short- and long-term consequences of the death and illness of a parent or other loved one during childhood

Presenting author: Carline van Heijningen, *Leiden University Institute of Education and Child Studies Leiden, THE NETHERLANDS*

Background/Objective

The death of a parent is a potentially traumatic event, which can have large implications for a child's life. The permanent, early disruption of the important bond between parent and child may lead to difficulties within close relationships later in life. However, literature on long-term relational outcomes after childhood parental death is scarce. In the current study, we aim to investigate whether childhood parental death (CPD) is associated with romantic relationship formation and quality later in life (i.e., attachment style and relationship satisfaction). Additionally, we aim to investigate the roles of recollections of early parental bonding with the surviving parent and deceased parent for those who experienced CPD in relationship formation and quality.

Method

We used a cross-sectional, retrospective design. Participants were 837 Dutch-speaking adults between the age of 25 and 45 years. The sample consisted of three groups: individuals who experienced CPD (before the age of 18 years); individuals who experienced parental death during adulthood (after the age of 17 years); and individuals who did not experience parental death.

Results

The first results show that there was no association between experiencing CPD and relationship formation, such as the duration of someone's longest romantic relationship. However, individuals who experienced CPD did have significantly higher levels of attachment-related anxiety compared to individuals who did not experience parental death. The role of bonding with both parents will be explored shortly.

Conclusions

Childhood parental death seems to have an impact on relationship quality and not on relationship formation. Implications of these findings will be discussed.

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Atypical prosody in young children with ASD relates to motor delay and stereotypies as well as to subsequent speech development

Abstract ID: 308

Symposium: S46 - The promise of digital phenotyping to provide a better characterization of behavior in children and adolescents with autism spectrum disorders

Presenting author: Michel Godel, University of Geneva Department of Psychiatry Geneva, SWITZERLAND

Background/Objective

Atypical prosody has long been identified as a clinical feature of Autism Spectrum Disorder (ASD). However, there is a lack of understanding of how some specific acoustic features could be related to distinct ASD phenotypes. One methodological pitfall relies in the difficulty to automatically isolate one child's voice within a naturalistic recording.

Method

Here we developed an original semi-automated pipeline to extract children voices from video-taped evaluations (the Autism Diagnosis Observation Schedule, ADOS). Our sample comprised 55 preverbal (age 3.4 ± 1.0 , range from 1.5 to 6.5) and 35 verbal (age 4.6 ± 0.8 , range from 3.1 to 5.9) children with ASD. We explored the correlations between acoustic features (extracted with the GeMAPS pipeline) and behavior.

Results

Prosodic alterations were mainly associated with difficulties in fine motor skills. Fine motor delay was related to lesser intonation variability, altered voice quality and less stable rhythm in vocalizations. Most of these prosodic alterations were also related to the magnitude of repetitive and stereotyped behavior. We also highlighted that the presence of tension in the vocal folds in preverbal children was associated with future development of speech.

Conclusions

Overall, our results suggest that atypical prosodic development in ASD could be more related to motor delay and mannerisms than to social or language difficulties. We also highlighted the potential of quantified prosody as a predictor of subsequent speech development.

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Children’s experiences of institutional care. Voices, solutions, and solutions.

Abstract ID: 309

Symposium: S43 - Protecting patients from violence in medical institutions - the need for general safeguarding measures

Presenting author: Carl Göran Svedin, Ersta Sköndal Bräcke University College Department of Social Sciences Stockholm, SWEDEN

Background/Objective

Sweden is seen as a “child friendly society” and has since 2021 incorporated the UN Convention on Children’s rights in the legislation. This doesn’t mean that safeguarding children in institutional care have had a high priority. Many young people with complex problems, and with experiences of violence and trauma, gather there under one roof in various forms of institutional care. They are met by staff who, despite good intentions, all too often lack the tools and resources to create the safe, positive adult relationships that children need.

Method

Interviews made with children in different settings of institutional care in Sweden

Results

Interviews shows that the clients rarely have any knowledge of the legal conditions that apply or about their rights, irrespective of whether they are voluntary or committed patients and that coercive measures as belting in child psychiatry and segregation/isolation are often used and the worst affected are the youngest children, girls and children with disabilities. In addition, there are testimonies of various kinds of sexual abuse and harassment.

Conclusions

Action taken as local guidelines etc. are not enough, there need to be general changes in staff recruitment, education, and supervision but this is not enough without a client/staff ratio that ensure a stable and positive adult relationship that encourage a positive development of the child. This presentation both highlight the voices of children in institutional care but also what has been done and what still is needed to safeguard children in institutional care.



Posttraumatic stress symptoms in children confronted with parental cancer: the role of individual and family factors

Abstract ID: 310

Symposium: S57 - Short- and long-term consequences of the death and illness of a parent or other loved one during childhood

Presenting author: Liesbeth de Paauw-Telman, *Utrecht University Child and Adolescent Studies Utrecht, THE NETHERLANDS*

Background/Objective

This study aimed to examine the severity of posttraumatic stress disorder (PTSD) symptoms in children of parents with cancer and to identify individual and family factors associated with these symptoms.

Method

The sample consisted of 175 children (52% girls, aged $M = 11.98$, $SD = 3.20$, range = 6-20 years) from 92 families, of which 90 parents with a current or past cancer diagnosis and 71 healthy co-parents also completed questionnaires. Children reported on PTSD symptoms, trauma-related cognitions, emotion regulation difficulties, general family functioning and family communication. Both parents reported on their own PTSD symptoms. Associations were investigated using multilevel regression.

Results

Twenty-seven % of the children showed clinically relevant PTSD symptoms. Intraclass correlations indicated that children from the same family showed little overlap in these symptoms. Multilevel analyses showed that child trauma-related cognitions and emotion regulation difficulties were related to higher levels of PTSD symptoms. General family functioning was only related to child PTSD symptoms at the family level. Child PTSD severity was unrelated to parental PTSD symptoms and family communication, when taking the other factors into account.

Conclusions

The current study highlights the psychological impact of parental cancer on children. Individual factors contribute more strongly to child PTSD symptoms than family factors. Trauma-related cognitions and emotion regulation difficulties might be targeted through specific psychoeducation for children and parents, family-oriented support and interventions, and through evidence-based treatments for child PTSD.

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Risk and protective factors for sexual exploitation in youth and the role of gender: a systematic review

Abstract ID: 312

Symposium: S85 - Families and Trauma

Presenting author: Gabriëlle Mercera, Maastricht University Department of Psychiatry and Neuropsychology Maastricht, THE NETHERLANDS, Koraal Strategie en kennisontwikkeling Oisterwijk, THE NETHERLANDS

Background/Objective

Sexual exploitation is a growing human rights problem throughout the world and has a detrimental impact on the physical and psychological wellbeing of victims. However, still little is known about the risk and protective factors, how these are tied to gender and the way these factors interact. Aim of the current study is to contribute to prevention efforts and adequate treatment by 1) providing meaningful insights in risk and protective factors for sexual exploitation in male and female youth and 2) proposing a theoretical framework that incorporates the interaction and cumulation of these factors.

Method

In a systematic review, risk and protective factors for sexually exploited youth are distilled from scientific literature. Potential differences in gender in regard to these factors are explored. A framework synthesis approach is used to refine the understanding of the way risk and protective factors contribute to the vulnerability for sexual exploitation.

Results

A wide range of factors on individual, family and societal level increase the risk for sexual exploitation. Major risk factors (e.g. child abuse, domestic violence, poverty, running away) seem to be interconnected and were found for both male and female youth. However, gendered social norms might prevent male youth to disclose, thereby perpetuating victimization.

Conclusions

The results in the current study help to explain the pathway that may lead an individual to sexual exploitation, providing guidance for adequate prevention and treatment. For professionals involved with youth, it is important to take protective factors into account as they reduce a risk factor's impact and mitigate adversity.

Co-authors:

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Using technology to provide infant mental health education and consultation

Abstract ID: 315

Symposium: S106 - Session on Autism Spectrum Disorders

Presenting author: Tessa Chesher, Oklahoma State University Center for Health Sciences Child and Adolescent Psychiatry Tulsa, UNITED STATES

Background/Objective

There is a worldwide crisis in the ability to meet the needs of childhood mental health and developmental disorders in very young children, and US recently declared a national emergency in children's mental health. This is the consequence of a quickly rising prevalence, a workforce shortage of child psychiatrists, and an underprepared general pediatric workforce. The objective of this presentation is to describe two different approaches using tele-education and guided practice with pediatricians and early childhood practitioners to expand their ability to identify and manage very young children with behavioral and developmental disorders.

Method

This presentation will describe two different applications of the Project ECHO(Extension for Community Healthcare Outcomes) model to address infant/early childhood disorders. Drs. Harrison and Leppert will briefly discuss Kennedy Krieger Institute's-Network for Early Childhood Tele-education. Drs. Chesher and Huffer will discuss Oklahoma State University Infant Mental Health TeleECHO Clinic. The presenters will allow time at the end for discussion and questions.

Results

This presentation will demonstrate the efficacy of the ECHO model as a workforce multiplier. The case will illustrate the complexity posed by comorbidity of behavioral, mental health and developmental disorders in young children.

Conclusions

Pediatric providers are increasingly caring for young children with complex neurodevelopmental and mental health disorders. The ECHOtm model is an effective strategy for expanding the workforce by guiding providers to independently identify and manage neurodevelopmental and mental health disorders, particularly during this pandemic.

Co-authors:

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Mentalizing beyond the monad and dyad

Abstract ID: 323

Symposium: S58 - Mentalizing in systems, organisations and society

Presenting author: Dickon Bevington, *Anna Freud National Centre for Children and Families Clinical Division London, UNITED KINGDOM*

Background/Objective

Set the scene for subsequent presentations in this Clinical Perspective (N.B. it is not clear from the website how to submit a Clinical Perspective other than as a 'version' of a Symposium!) by defining basic terms (mentalization, epistemic trust) and clarifying the shift of emphasis in research efforts towards a more social/cultural and networked understanding of these constructs.

Method

Literature review with clinical correlations

Results

Rather than being a merely dyadic or monadic process, emerging work on Mentalizing (and especially Epistemic Trust) suggests that these mental activities/states are better understood as a function of networks that, under enabling conditions, contribute to and mediate social capital. The developmental dependency of mentalizing upon individual relational contexts (for instance the infant's access to 'marked mirroring' reciprocations by its primary carer) is insufficient on its own, in that every carer's own mentalizing (necessary to provide just such a nurturing context) is itself dependent on their having access to 'kind minds' with whom relationships characterised by epistemic trust are available.

Conclusions

The original emphasis on mentalizing as a primarily individual activity in relation to the mind (of self or other) underemphasised the fact that mentalizing is function of social connectedness, and thus of social networks and of social capital. Considering mentalizing and epistemic trust (its relational impact) in this light offers a helpful lens on a range of social, cultural and environmental phenomena, as well as on approaches towards developing and delivering 'help that is helpful' for a diverse range of settings and difficulties.



Impact of COVID-19 pandemic on internet gaming disorder among children and adolescents: what can we tell so far?

Abstract ID: 324

Symposium: S84 - COVID-19 Session 2

Presenting author: Luís Paulino Ferreira, *Setúbal Hospital Center Psychiatry and Mental Health Setúbal, PORTUGAL, NOVA Medical School Neuroanatomy and anatomy Lisbon, PORTUGAL*

Background/Objective

Playing video games has been encouraged by some health organizations to help children and adolescents cope with the COVID-19 pandemic's restrictive measures. While gaming may be an adaptive short-term coping strategy, it can become maladaptive and contribute to Internet Game Disorder (IGD). The aim of our study is to review the state of the art regarding the impact of pandemic on the development of gaming-related psychopathology in young people.

Method

A search was conducted on Medscape and PubMed using the keywords "IGD", "COVID-19", "children", "adolescents" and the most relevant articles were selected.

Results

Evidence shows that gaming isn't necessarily problematic, and, for most, gaming appears adaptive and may improve connection with peers, fighting loneliness during the pandemic. However, IGD increased significantly during the pandemic, mostly in male adolescents. Several studies show that pre-pandemic depressive and anxiety symptoms positively predicted IGD during the pandemic. Moreover, internet gaming can be dangerous for vulnerable individuals, leading to disturbed sleep patterns and anxiety disorders. IGD was positively associated with insomnia and depression, which in turn contributed to increase suicide ideation. Regarding physical health, excessive gaming decreases physical activity, increasing risk of obesity and musculoskeletal troubles.

Conclusions

Video game use increased significantly among young people during the pandemic. Balancing out gaming with offline life-activities should be highlighted to prevent IGD. The importance of parental monitoring, and the role of mental health services in early detection and treatment approaches should be emphasized. Additional research is needed on the post-pandemic prevalence of IGD and its impact on youth mental health.

Co-authors:

Catarina Manuel, Hospital Prof Doutor Fernando da Fonseca Psychiatry Lisbon, PORTUGAL
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Risky Sexual Behaviour and Adolescents and Personality Disorders : Implications for Assessment and Treatment

Abstract ID: 326

Symposium: S50 - Mentalizing Group -- Mentalization-based therapy for Adolescents (MBT-A): Recent updates in theory, assessment and treatment

Presenting author: Karin Ensink, *ULaval Psychology Quebec, CANADA*

Background/Objective

Adolescence and young adulthood are peak periods for risky sexual behaviors (RSB) and borderline personality disorder (BPD) features. RSB is a major public health concern and adolescents with BPD may be particularly vulnerable to RSB, but this is understudied. The aim of this study was to identify distinct RSB profiles in youth and determine whether a specific profile was associated with BPD features.

Method

Participants were 220 adolescents and young adults (age 14–21) from the community. To identify groups of adolescents and young adults who engage in similar RSB, a latent profile analysis (LPA) was conducted on sexually active youth (57%). Next ANOVA was used to identify how profiles differed in terms RSB dimensions and BPD features.

Results

We identified three distinct RSB profiles: (1) a Low RSB profile that was manifested by the majority (77.7%) of youth; (2) an Unprotected Sex in Relationships profile (13.3%) and; (3) an Impulsive Sex Outside Relationships profile (12%) which was manifested by youth with significantly higher BPD features.

Conclusions

The findings shed light on the difficulties youth with BPD manifest around integrating sexuality, intimacy, fidelity, and love. This contrasts with the majority of youth who are sexually active in the context of relationships and engage in little or no RSB. The findings have important clinical implications. Adolescent sexuality is frequently in the blind spot of clinicians. We demonstrate interventions to address RSB in adolescents with BPD, help adolescents navigate this period and improve their mentalizing re RSB and difficulties in establishing sexual and attachment relationships.

Co-authors:

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Michael Begin, ULAVAL Psychology Quebec, CANADA

Katherine Bellavance, ULVAL Psychology Quebec, CANADA



Writing your way out of loneliness

Abstract ID: 328

Symposium: S33 - Innovative strategies to access mental health care for youth

Presenting author: Claire Prével, *Hôpitaux Universitaire Genève/Children Action Service de Psychiatrie de l'enfant et de l'adolescent/Malattie Geneva, SWITZERLAND*

Background/Objective

Within the University Hospitals of Geneva, the Suicide Prevention Unit for young people aged 12 to 25 has developed several entry points to facilitate access to care. In addition to telephone and reception and orientation consultations, we offer a written response so that adolescents, families and professionals can choose the best for them.

Method

Two options are available: - Ciao.ch platform, related to one's suicidal problem and malaise. These questions and our answers are visible to other users of the platform. - preventionsuicide@hcuge.ch is a direct link between adolescents or young adults (and/or their entourage) and professionals. Writing is a way to express one's pain, to get out of one's bubble by writing down one's feelings and sending them to MALATAVIE.

Results

In this period of health crisis, this written response has doubled in one year. As the Internet is constantly evolving, it is an essential tool for suicide prevention, especially in the context of COVID, which often leads to isolation. As we know, adolescent and young adult are reluctant to engage in care. Writing, even if anonymous, allows this population to have a first contact with a professional, specifically trained in this written practice and who offers a response within 48 hours.

Conclusions

During this symposium, we will present the specific clinical importance of this type of device, based on the numerical increase in recent years and the type of message.

Co-authors:

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Why do adolescents with borderline personality disorder drop out of mentalization-based group treatment? – Results from qualitative and quantitative studies

Abstract ID: 329

Symposium: S50 - Mentalizing Group -- Mentalization-based therapy for Adolescents (MBT-A): Recent updates in theory, assessment and treatment

Presenting author: *Mie Sedoc Jørgensen, Region Zealand Psychiatric Research Unit Slagelse, DENMARK*

Background/Objective

Dropout from psychotherapy is a serious challenge to the effectiveness of treatment, and seems to be particularly prevalent among adolescents with borderline personality disorder (BPD). We investigated reasons for dropout using qualitative interviews and quantitative predictors of dropout in a sample of adolescents who received mentalization-based group treatment (MBT-G)

Method

For the qualitative study, ten adolescents were interviewed and data was analyzed using Systematic Text Condensation. Eighty-nine adolescents with BPD who received MBT-G and 56 matched controls

who received treatment as usual (TAU) participated in the study of predictors of dropout. Pretreatment predictors included (1) sociodemographic variables, (2) clinical measures of self-reported adolescent borderline personality features, depression, self-harm, internalizing and externalizing symptoms, and (3) psychological measures on self-reported mentalizing and attachment to peers and parents.

Results

The qualitative study pointed to several reasons for dropout from MBT-G, including perceiving the treatment not to be sufficiently helpful, too emotionally demanding, too time-consuming and linked with unpleasant experiences, but also due to perceived improvement. Lower self-reported mentalizing capacity was found to be the only significant predictor of dropout in MBT-G. No sociodemographic or clinical variables predicted dropout. No significant predictors of dropout were identified among participants who received TAU.

Conclusions

Our results suggest that preventing dropout demands focus on several factors to detect at-risk patients. Furthermore, that adolescents with low self-reported mentalizing capacity are at increased risk of dropping out of MBT-G. This points to a need to specifically assess mentalizing capacity before initiating treatment. Clinical implications will be discussed.

Co-authors:

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Potential effects of Covid-19 on training in CAP: the balance after a year

Abstract ID: 331

Symposium: S51 - CAP training during the pandemic

Presenting author: Peter Deschamps, UMC Utrecht Psychiatry Utrecht, THE NETHERLANDS, UEMS-CAP CAP Brussels, BELGIUM

Background/Objective

Sparse literature on the effects of Covid on training psychiatrists has reported anecdotally on changes in the areas of telemedicine, remote training and trainee wellbeing. An international perspective may help to elucidate what we have learned together with our trainees about the effects of the pandemic on training of our future generation of CAP.

Method

An online survey was conducted among 26 CAP trainers of the European Union of Medical Specialists (UEMS) section for CAP, the pan-European body responsible for advice on training. It was followed by an online round table meeting. To include the trainees' perspective, feedback was collected via the European Federation of Psychiatry Trainees (EFPT) Annual Country Reports and an EFPT virtual sessions.

Results

Overall patterns emerged in five domains relevant to and resonating with changes in training and education in CAP: a shift in the public view of mental health of young people; effects of social distancing on mental health; changes in health care services; direct effects on training and education; and resilience and personal wellbeing.

Conclusions

Those concerned with training in (child) psychiatry, as in other medical specialties, face the challenge to provide proper training in the face of a huge burden with a changed workload due to the pandemic. External threats can lead to breaking down barriers, increasing collaboration and that a crisis is never to let go unused and always an opportunity to learn new lessons and skills.



Lifespan risks of growing up in a family with mental illness or substance abuse

Abstract ID: 332

Symposium: S52 - Preservation of mental health in minors - Determinants and online approaches

Presenting author: Vera Clemens, Uniklinik Ulm Department for Child and Adolescent Psychiatry/Psychotherapy Ulm, GERMANY

Background/Objective

Growing up in a family with one member being affected by mental health problems or substance abuse is an adverse childhood experience which can lead to socioeconomic and health-related impairments in later life. Furthermore, the risk of child maltreatment is increased in affected families, which often adds to the individual risk factors. However, the interdependence between the particular risk factors is not well understood. Therefore, we aimed to examine the correlation between mental health problems or substance abuse and child maltreatment within families and long term consequences for affected children.

Method

In a cross-sectional design, a probability sample of the German population above the age of 14 was drawn using different sampling steps. The final sample included 2,531 persons. Participants were asked about sociodemographic factors, adverse childhood experiences, and health conditions in adulthood.

Results

The risk of child maltreatment was 5 to 5.6 times higher if mental illness and 4.9 to 6.9 times higher if substance abuse of a family member was reported. Furthermore, the risk of health problems, including obesity, decreased life satisfaction, lower income, low educational achievement, unemployment and living without a partner was increased if participants grew up in a family affected by mental health problems or substance abuse. All associations were mediated significantly by child maltreatment.

Conclusions

Our results point towards an urgent need for greater awareness for child protection issues in families affected by mental health problems or substance abuse.

Co-authors:

Jörg Fegert, Uniklinik Ulm Department for Child and Adolescent Psychiatry/Psychotherapy Ulm, GERMANY



The Maudsley model of anorexia nervosa treatment for adolescents and young adults (MANTRa): A promising new treatment option for anorexia nervosa in adolescents

Abstract ID: 333

Symposium: S47 - Anorexia nervosa – recent specific treatment trials using various settings in adolescents

Presenting author: *Andrea Schneider, Medical University of Vienna Department of Child and Adolescent Psychiatry Vienna, AUSTRIA*

Background/Objective

Anorexia nervosa (AN) is a severe and complex mental disorder, yet very few evidence-based treatment options exist especially for the adolescent population. This multi-center cohort study assessed the feasibility, acceptability, and efficacy of a new, manualized, flexible, outpatient treatment program, the “Maudsley Model of Anorexia Nervosa Treatment for Adolescents and Young Adults” (MANTRa) which incorporates motivational interviewing and therapeutic writing, compared to psychotherapeutic treatment as usual (TAU).

Method

92 female patients between 13 and 21 years received 24 to 34 individual weekly MANTRa therapy (n=45) or TAU (n=47) sessions. The intervention was evaluated at four measurement time points (baseline, at 6, 12 and 18 months follow-up). Primary outcome variables were BMI and eating disorder psychopathology 12 months after baseline. Furthermore, neuropsychological variables (central coherence, cognitive flexibility, emotion recognition), comorbid psychopathology, and therapeutic alliance were assessed.

Results

The findings showed a significant increase in BMI and a reduction in eating disorder symptoms in both

groups compared to the baseline evaluation, with stronger effects in the MANTRa group. After 18 months, a significantly higher percentage of patients in the MANTRa group showed full remission of symptoms (46%) compared to TAU (24%). Significant improvements irrespective of the group were also observed for depression, anxiety, cognitive flexibility and alexithymia. Moreover, the findings indicate significantly better therapeutic alliance in the patients undergoing MANTRa treatment compared to TAU.

Conclusions

The newly developed MANTRa therapy approach for adolescent patients with AN could improve the treatment of severely ill adolescents with eating disorders in the future.

Co-authors:

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Effect and Working Mechanisms of Art Therapy for Children with Psychosocial Problems

Abstract ID: 335

Symposium: S40 - Arts therapies for children and adolescents with psychosocial problems

Presenting author: Liesbeth Bosgraaf, NHLStenden University of Applied Sciences Health Care and Social Work Leeuwarden, THE NETHERLANDS

Background/Objective

An art therapy program that aims to reduce psychosocial problems in children and adolescents by targeting self-regulation problems is Affect regulating Arts Therapies (ArAT). ArAT is a Dutch program for children and adolescents with psychosocial problems who do not benefit from cognitive-based treatment, including children with Mild to Borderline Intellectual Disabilities. Although clients and therapists are positive on the ArAT, it is unclear whether the intervention is effective and whether self-regulation contributes to these effects.

Method

We used a replicated systemic single-case experimental design, in which 20 clients received ArAT. The data is collected through a multiple baseline ABA design, in which data is collected multiple times in three phases i.e. baseline (A), intervention (B), and follow-up (A). Clients, therapists, and parents/caregivers were interviewed and filled in the Strength and Difficulties Questionnaire (psychosocial problems), the ZO! Questionnaire (self-regulation), and a Goal Attainment Scale regarding the specific goals and the personal purposes of the therapy.

Results

Preliminary results indicated that psychosocial problems decreased after the ArAT and children showed signs of improved self-regulatory capacity. Children share their feelings in a better way and are more open to helpful cues in order to properly regulate their behavior.

Conclusions

ArAT seems promising in treating psychosocial problems in children and adolescents, and the results seem to point to improved self-regulation as a possible working mechanism.

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Molecular mechanisms of metabolic disorders induced by antipsychotics: road to prevention and treatment

Abstract ID: 337

Symposium: S48 - IMPROVING THE EFFECTIVENESS OF ANTIPSYCHOTIC DRUGS IN CHILDREN WITH NEURODEVELOPMENTAL DISORDERS: ADVERSE EFFECTS AND QUALITY OF LIFE

Presenting author: Marco Pozzi, *Scientific Institute IRCCS Eugenio Medea Clinical and translational pharmacology Bosisio Parini (LC), ITALY*

Background/Objective

Antipsychotics are known to disrupt energetic metabolism. This effect was historically attributed to the antagonistic effects of antipsychotics on specific neurotransmitter receptors, involving the regulation of appetite, food reward, and also neuroendocrine signals, including insulin, GLP-1. Neurotransmitter receptor-based effects involve also the peripheral level, for instance the liver, pancreas, fat, gut and muscles. More recently, effects of antipsychotics that are not mediated by neurotransmitter receptors have been identified. They depend upon the chemical nature of antipsychotics as weak base amphiphilic molecules, that are able to diffuse into lipid membranes and interfere with lipid/sterol trafficking and metabolism.

Method

We investigated in an in vitro model devoid of neurotransmitter receptors (HepG2 cells) the effects of three antipsychotics with very distinct metabolic effects in patients (olanzapine, risperidone, ziprasidone). We probed their effects on the SREB-driven transcription, on peripheral AMPK activity, on the morphology of lysosomes and autophagic vesicles.

Results

Olanzapine induced the transcription of both SREBP1 and SREBP2 dependent genes, whereas risperidone and ziprasidone did not. Olanzapine and risperidone increased the hydrophobic contents of cells, and specifically the free-sterol contents. Autophagy was not altered by any treatment; however, olanzapine led to a marked accumulation of autolysosomes, possibly due to impaired lysosomal function. These activities were independent of AMPK activation or inhibition, and stimulating AMPK did not revert the damaging effect of olanzapine.

Conclusions

Olanzapine, but not risperidone or ziprasidone, interfere with lysosomal function, causing accumulation of free-sterols in malfunctioning lysosomes, with a parallel SREBP-dependent transcriptional response. AMPK does not seem to be crucial for these mechanisms.

Co-authors:

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Families with violence exposure and the intergenerational transmission of somatization

Abstract ID: 338

Symposium: S85 - Families and Trauma

Presenting author: Jennifer Glaus, *Lausanne University Hospital (CHUV) Department of Psychiatry Lausanne, SWITZERLAND*

Background/Objective

Adults who have histories of childhood trauma have been noted to display greater somatization. What happens in the parent-child relationship when those traumatized children become parents? The intergenerational link between maternal and child somatization has not yet been sufficiently explored in a longitudinal study in order to understand the potential impact of maternal trauma history and related psychopathology on subsequent child somatization and psychopathology.

Method

This study examined longitudinal data of 64 mother-toddler dyads (mean age = 2.4 years, $sd=0.7$) who were later studied when children had a mean age of 7 years. Mothers with and without histories of interpersonal violence (physical/sexual abuse and/or family violence exposure) were included. Linear and Poisson regression models were used to test the associations between maternal interpersonal violence-related posttraumatic stress disorder (PTSD) with maternal somatization severity when children were toddlers.

Results

Maternal PTSD severity was significantly associated with increased maternal somatization severity ($p=0.031$). Maternal somatization severity during the child's early childhood predicted both maternal report of child somatization ($p=0.011$) as well as child thought problems ($p=0.007$) when children were school-aged. However, no association was found between maternal somatization and child-reported psychopathology.

Conclusions

The results are in line with the hypothesis of intergenerational transmission of somatization in the context of interpersonal violence and related maternal PTSD during formative early development. We interpret this as an expression of psychological distress from mother to child, as maternal trauma and pathology affect the caregiving environment and, thus, the parent-child relationship.

Co-authors:

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Suicidal risk and the quality of sleep in Autism Spectrum Disorder

Abstract ID: 339

Symposium: S28 - Adolescent Suicidality in Different Psychiatric Contexts: Overview and Prevention

Presenting author: Luigi Mazzone, *University of Rome Tor Vergata Child and Adolescence Psychiatry Unit, Policlinico Tor Vergata Hospital Rome, ITALY*

Background/Objective

Autism Spectrum Disorder (ASD) is a lifelong condition, often associated with other medical and psychiatric conditions. Mood disorders are reported in the 50-60% with subsequent increased risk for suicidality in this population, related to both, the psychopathological profile and environmental factors. Thus, research aiming to detect potential risk factors for suicidality in ASD individuals has considerably grown. Particularly, recent studies pointed up the role of sleep disorders as risk factors for suicidality in vulnerable individuals, including those with autism. Aim of our study is to evaluate the relationship between the quality of sleep and suicidality in a sample of ASD individuals.

Method

A screening evaluation for mood and anxiety symptoms, suicidality and for the presence of sleep disturbances is performed by the administration of standardized questionnaires. Those individuals that meet criteria for both, suicidality and sleep disturbances, undergo an objective evaluation of sleep parameters and motor activity by the actigraphy recording.

Results

Recruitment for the present study is still ongoing. We expect to enroll a final sample of 30 ASD individuals (age range 12-18 years) with no cognitive and language impairment. We hypothesize that our data could objectively point up a positive correlation among the presence of altered sleep indexes and increased risk for suicidal thought and/or behaviours in this vulnerable population.

Conclusions

Our study could potentially contribute to better clarify the relationship between sleep disturbances and increased risk for suicidality in ASD individuals, with subsequent implications in terms of clinical prognosis and therapeutic strategies.



The moderating effect of mind-mindedness on parenting skills in Parent-Child Interaction Therapy

Abstract ID: 341

Symposium: S25 - The Two-Way Road - Transactional Processes of Parenting and Child Mental Health Outcomes

Presenting author: Merlijn Meynen, Amsterdam UMC Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

Behavior problems among preschool children are one of the most important reasons for referral to mental health care, and they are significant risk factors for developing antisocial, criminal, and addictive behavior in adolescence and adult age. Parent-Child Interaction Therapy (PCIT) is a short-term, evidence-based intervention for caregivers dealing with preschool children who exhibit behavior problems. By better understanding the mechanisms and effective elements behind PCIT we can further improve PCIT and make it more effective. The aim of the present study was to investigate to what extent parent's level of mind-mindedness - the parent's propensity to treat the child as an intentional agent with its own thoughts and emotions - measured before the start of treatment has a moderating effect on the outcome of clinical-based PCIT (N = 25) and home-based, time-limited PCIT (N = 19).

Method

Mind-mindedness was assessed with video-observations of free-play parent-child interaction before the start of treatment. Child behavior problems, parental internalizing symptoms, parenting stress, skills and the quality of the parent-child interaction were measured pre, post and follow-up treatment.

Results

Repeated measures ANOVA showed that parents with a higher level of mind-mindedness showed more improvement in parenting skills that support the quality of parent-child interaction.

Conclusions

Our findings suggest that the efficacy of PCIT, in terms of parenting skills, can be improved when parents start the intervention with a higher level of understanding of their child's mental states. Limitations of this study are small sample sizes and low power.

Co-authors:

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Characterizing Cognitive flexibility in ASD and ADHD children

Abstract ID: 342

Symposium: S59 - Attention in children with autism spectrum disorders

Presenting author: Fiona Journal, *University of Geneva Psychology and Sciences of Education faculty Geneva, SWITZERLAND*

Background/Objective

Cognitive flexibility is a major component in Autism Spectrum Disorder and Attention Deficit Disorder linked to positive outcomes across the lifespan. With different or even opposite mechanisms in each of these groups, flexibility seems to be a key to understanding these disorders in their uniqueness and co-occurrence. As its well known, executive functioning involves a large neural network and we recently found early alterations in the spatio-temporal dynamics and syntax of brain states in toddlers and preschoolers with autism spectrum disorders (ASD) compared to their typically developing (TD) peers.

Method

In this research, we use different tasks to measure cognitive flexibility involving implicit or explicit rules and relate the clinical performance of 50 children aged 6 to 12 years (19 children with ASD-only, 15 children with ASD+ADHD, and 15 TD children) to the EEG resting states microstates characteristics and alterations of each, which allow us to clarify mechanism of flexibility in children with the one of these disorders or with a combination of ASD and ADHD.

Results

ADHD comorbidity in school-aged children with ASD impacts the spatial organization and the temporal dynamics of whole-brain networks.

Conclusions

Our results show direct correlations among cognitive flexibility and connectivity. Further longitudinal studies are needed to understand better the impact of the emergence of ADHD comorbidity in ASD across ages.

Co-authors:

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The prevalence of prolonged grief in children and adolescents

Abstract ID: 343

Symposium: S57 - Short- and long-term consequences of the death and illness of a parent or other loved one during childhood

Presenting author: Iris van Dijk, *Utrecht University Clinical Psychology Utrecht, THE NETHERLANDS*

Background/Objective

Youth who lose a loved one have a heightened risk of psychological problems, such as depression, posttraumatic stress disorder (PTSD) and prolonged grief disorder (PGD). Recently, the text revision of the DSM-5 and ICD-11 have included criteria-sets for PGD. In the current study, the psychometric qualities of a newly developed instrument for DSM-5-TR's and ICD-11's PGD in children and adolescents will be evaluated. Preliminary results will be presented about the prevalence of PGD symptoms (according to DSM and ICD criteria), PTSD and depressive symptoms in Dutch youth that lost a significant other.

Method

Participants are children and adolescents (8-18 years) and their parents/caregivers who experienced the death of a loved one. The newly developed instrument was administered next to measures regarding depressive and PTSD symptoms, and quality of life.

Results

Data collection is still ongoing, but preliminary results regarding the prevalence of psychological symptoms after loss will be presented.

Conclusions

The current study contributes to the scarcity in knowledge about prolonged grief in children and adolescents, emphasizing the importance of its assessment and treatment in research and clinical practice. This way long-term psychological impairment may be avoided.



Leaving Child and Adolescent Mental Health Services in Europe: Young People's Mental Health Indicators, Care Pathways and Outcomes

Abstract ID: 344

Symposium: S60 - Findings from the Milestone Project: A European Study on Transition from Child to Adult Mental Health Care

Presenting author: *Suzanne Gerritsen, Erasmus MC - Sophia Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

The distinction between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) may be a barrier to continuity of care and affect the mental health of young people. Young people with risk factors for persistent depression and severe mental illness may be particularly vulnerable. In this study, we describe the type of care young people receive after reaching the upper-age-limit of their CAMHS and differences in outcomes after 2 years of follow-up.

Method

763 young people, parents and clinicians recruited from 39 CAMHS in Europe completed interviews

and questionnaires at four time-points, assessing mental health care use, levels of mental health problems and socio-demographic characteristics. We used mixed models to assess relationships between mental health indicators, care pathways, and mental health outcomes.

Results

Young people with higher problem levels, a clinical classification of a severe mental illness, self-reported suicidal thoughts/behaviors or self-harm, and psychotropic medication use were more likely to transition to AMHS or stay in CAMHS than to have care end after reaching the CAMHS upper age limit. Young people in different care pathways did not differ in change in mental health outcomes or service use after 2 years follow-up. Findings for subgroups of young people with risk factors for persistent depression and young people with (prodromal) symptoms of severe mental illnesses are also presented.

Conclusions

Although our findings indicate that some young people reaching the upper-age-limit of their CAMHS experience discontinuity of care, this discontinuity does not seem to jeopardize their mental health.



An introductory overview of the history and present international training activities in CAP

Abstract ID: 345

Symposium: S22 - International networks in CAP training: I get by with a little help from my friends

Presenting author: Carmen M. Schroder, *Strasbourg University and University Hospitals Department of Child and Adolescent Psychiatry Strasbourg, FRANCE, UEMS Section for Child and Adolescent Psychiatry Strasbourg, FRANCE*

Background/Objective

Training in child and adolescent psychiatry (CAP) has much evolved, to incorporate increasing knowledge on the developmental bio-psycho-social basis of CAP disorders while preserving a systemic family-oriented approach, and to adapt to an ever changing need of professional skill sets facing the increasing demand on CAMHS (Deschamp et al., ECAP 2020). Fostering high-quality training and education in CAP across Europe is one of the main missions of the European Union for Medical Specialists (UEMS-CAP).

Method

UEMS-CAP as well as other European organizations with roots in training and teaching, research, advocacy and patient/ consumer perspectives, such as EFPT and ESCAP, have started building international training initiatives that share a common aim: to increase quality and availability of care by balancing harmonization and cultural differences in CAP training across the EU.

Results

Among the relevant projects around CAP training and education that have already started, we will discuss Europe-wide train-the-trainers meetings, shared efforts in assessment and in curriculum

framework, joint training sessions organized by EFTP/ESCAP/UEMS-CAP, different working groups on specific topics, and finally advocacy initiatives to promote public health training for children, young people and their families through CAP across Europe.

Conclusions

Building upon these existing European training activities in CAP, we will discuss how future initiatives might further develop and evaluate projects aiming at exchange of teaching modules and materials, as well as outreach toward medical students and other professions and relevant groups. Finally, co-constructing these initiatives together with patient and carer groups is an overarching goal of training and education efforts in CAP.



Longitudinal associations between maternal postpartum bonding and child socio-emotional development

Abstract ID: 346

Symposium: S96 - Effects on perinatal stress

Presenting author: Enni Hatakka, *Finnish Institute for Health and Welfare Department of Public Health and Welfare Helsinki, FINLAND, University of Helsinki Department of Psychology and Logopedics Helsinki, FINLAND*

Background/Objective

There is a lack of longitudinal studies on maternal postpartum bonding and later child development. The aim of our study was to analyze the relationship between maternal bonding during infancy and child socio-emotional development at 5 years.

Method

Data from a Finnish population-based birth cohort study (CHILD-SLEEP) was used. Mothers were evaluated at 8 months postpartum and children at 5 years (n=686). Problems in mother's postpartum bonding was measured using Brockington's Postpartum Bonding Questionnaire (PBQ, 12 items). Child socio-emotional development was evaluated with the internalizing and externalizing subscales of the Five-to-Fifteen Questionnaire (FTF) and with the emotional, conduct and peer problems subscales of the Strengths and Difficulties Questionnaire (SDQ).

Results

Linear regression analyses showed statistically significant relationships between mother's problems in postpartum bonding and higher FTF internalizing ($\beta = .17, p < .001$), SDQ emotional ($\beta = .18, p < .001$), FTF externalizing ($\beta = .13, p < .01$), SDQ conduct ($\beta = .09, p < .05$) and peer problems ($\beta = .12, p < .01$) at 5 years. The results remained significant after controlling for maternal postpartum depression, maternal age, number of previous children and maternal education, except for FTF externalizing and SDQ conduct problems.

Conclusions

Based on our analysis, problems in mother's bonding with the infant predict child later socio-emotional

problems in preschool age, especially internalizing and peer problems. This highlights the importance of developing interventions to support mothers' bonding with their baby to prevent possible detrimental developmental outcomes.

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A network analysis on psychopathological symptoms and quality of life variables in overweight and underweight adolescents

Abstract ID: 347

Symposium: S94 - Supportive care for adolescents

Presenting author: Michael Zeiler, Medical University of Vienna Department of Child and Adolescents Psychiatry Vienna, AUSTRIA

Background/Objective

It is well known that adolescents with overweight and underweight have an increased risk for psychological problems and reduced quality of life. We used a network analysis approach to identify central factors of psychopathology symptoms and well-being variables which may represent promising targets for preventive interventions.

Method

We included data of 344 overweight adolescents (>90th BMI-percentile) and 423 underweight adolescents (<10th BMI-percentile) drawn from a large community sample (10–19 years) including behavioral and emotional problems (Youth Self-Report), eating disorder risk (SCOFF) and well-being variables (KIDSCREEN). Additionally, psychopathology and well-being scores of overweight and underweight individuals were compared with 1.560 normal weight adolescents.

Results

Compared to their normal weight peers, overweight adolescents showed elevated psychopathology and eating disorder risk as well as reduced well-being. Underweight adolescents reported increased levels of internalizing problems but no increased eating disorder risk or reduced well-being. The network analysis revealed that anxious/depressed mood and attention problems were the most central and

interconnected nodes for both overweight and underweight subsamples. Among underweight individuals, social problems and socially withdrawn behavior additionally functioned as a bridge between other nodes in the network. In both subsamples eating disorder pathology was a rather peripheral node in the network.

Conclusions

The findings from this study indicate that psychological interventions focusing on improving mood, coping with negative emotions and tackling inner tension might be most promising to prevent psychological problems in overweight and underweight adolescents.

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So many countries, so many customs: A register-based analysis of conduct disorder prevalence and treatment patterns in five Western countries

Abstract ID: 348

Symposium: S97 - Cultural sensitivity in CAMHS

Presenting author: Christian Bachmann, *University Hospital Ulm Department of Child & Adolescent Psychiatry Ulm, GERMANY*

Background/Objective

Conduct disorders (CD) are common and place a high burden on health systems and society. Regarding management of CD, there is a broad international consensus favouring timely diagnosis and non-pharmacological treatment measures in outpatient settings. However, there is some evidence that CD often go underdiagnosed, and that unnecessary hospitalisation and psychopharmacological treatment occurs. Therefore, we aimed to assess CD prevalence and treatment patterns for children and adolescents with CD in several Western countries.

Method

In this cross-sectional observation study, the prevalence of CD diagnoses in children and adolescents (aged 0–19 years) was determined, using register data from five Western countries (Denmark,

Germany, Norway, UK, USA). In youths with a diagnosis of CD, prevalence rates for psychiatric comorbidities, psychopharmacotherapy, and psychiatric inpatient treatment was calculated.

Results

The prevalence of conduct disorder differed almost 50-fold between countries, ranging from 0.1 % (Denmark) to 4.6% (UK). The proportion of CD patients with antipsychotic medication ranged from 0.9% (UK) and 12.2% (USA). Psychiatric hospitalisation rates in CD patients ranged from 1.2% (Norway) to 12.5% (Germany). The number of days spent in hospital with was lowest in Norway (226.8 days per 1,000 children/adolescents), and highest in Germany (5378.0 days).

Conclusions

Diagnostic rates and treatment patterns in children and adolescents with CD differ largely between the studied Western countries. These findings underscore the need of guideline-informed detection and management in children and young people with CD.

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Youth suicide prevention on YouTube

Abstract ID: 351

Symposium: S33 - Innovative strategies to access mental health care for youth

Presenting author: Adriana Radulescu, *Hôpitaux Universitaires de Genève Département de la Femme, de l'Enfant et de l'Adolescent Genève, SWITZERLAND*

Background/Objective

In Switzerland, the Federal Office of Public Health's action plan for suicide prevention (2016) proposes, among other things, to "promote preventive media treatment and use of the Internet and digital communication media." Mental health help-seeking is low among youth and even more so among boys. MALATAVIE Crisis Unit (University Hospitals of Geneva - Children Action Foundation) is a place of exchange, specialized consultations and information for adolescents and young adults at risk of suicide, as well as for their entourage and professionals.

Method

The project consists of suicide prevention on YouTube in partnership with well-known youtubers. Each video is accompanied by a list of help numbers and when published, MALATAVIE's Prevention team moderates the comments of Internet users.

Results

To date, four videos have been published. These universal prevention messages have reached a large audience of teenagers and young adults, the majority of whom are male. They have been viewed mainly in neighboring countries but also in other continents.

Conclusions

The comments of the young people have opened to selective prevention, even indicated thanks to the personalized answers of the MALATAVIE prevention team. During this symposium we will present the different stages of the project and illustrate the relevance of such a project based on the number of views, comments and moderation.

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Short-Term Outcome of Inpatient Treatment for Adolescents with Anorexia Nervosa Using DSM-5 Remission Criteria

Abstract ID: 352

Symposium: S47 - Anorexia nervosa – recent specific treatment trials using various settings in adolescents

Presenting author: Dunja Mairhofer, *Medical University of Vienna Child and Adolescent Psychiatry Vienna, AUSTRIA*

Background/Objective

This study evaluated the short-term outcome of a multimodal inpatient treatment concept for adolescents with anorexia nervosa (AN).

Method

In this prospective observational study, a cohort of 126 female adolescents with AN (age range: 11–17, mean age: 14.83) was longitudinally followed from admission to discharge (average duration of stay: 77 days). We used gold-standard clinical interviews and self-report data, as well as DSM-5 remission criteria, to evaluate the treatment outcome.

Results

From admission to discharge, body-mass-index (BMI) significantly improved by 2.6 kg/m². Data from clinical interviews and self-reports yielded similar improvements in restraint eating and eating concerns (large effects). Lower effects were observed for variables assessing weight/shape concerns and drive for thinness. At discharge, 23.2% of patients showed full remission of AN, 31.3% partial remission, and 45.5% no remission according to DSM-5 criteria. Differences in remission groups were found regarding AN severity, age at admission, and use of antidepressant medication. Living with both parents, longer duration of inpatient treatment and the use of antipsychotic medication were significantly associated with higher BMI change.

Conclusions

The findings provide evidence for the short-term effectiveness of our inpatient treatment concept. We recommend using DSM-5 based remission criteria to evaluate the treatment outcome to improve the comparability of studies.

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Early childcare and child development at age 3.5 years in France, data from the ELFE mother-child cohort.

Abstract ID: 353

Symposium: S104 - Developmental disorders

Presenting author: Ramchandrar GOMAJEE, Sorbonne University, Pierre Louis Institute of Epidemiology & Public Health, INSERM U1136 Social Epidemiology Research Team (ERES) Paris, FRANCE

Background/Objective

Early childcare has been linked to child development in some countries. The aim of this study is to evaluate the impact of early childcare in the French context, whereby children can attend different childcare facilities very early in their life, and child development at age 3.5 years.

Method

10,683 children from the ELFE French national birth cohort were classified into 4 groups depending on the main childcare type they used between birth and age three: childminder (n = 5,014), centre-based childcare (n = 2,583), informal childcare (n = 777) and parents only (n = 2,465). Children's development was measured with the short form of the Child Development Inventory via parents-reported questionnaire at age 3.5 years. The CDI score was transformed into a Development Quotient (DQ) to take into account the age of the child, and global developmental delay was defined as DQ < 90. Missing data was imputed by Fully Conditional Multiple Imputation with 10 imputations. Multinomial analyses were carried out adjusted by Inverse Probability Weighting based on Propensity Scores.

Results

Children who were in childminder or centre-based childcare were associated to a higher DQ (103.0 and 104.8 respectively) as well as lower risk of global developmental delay (OR = 0.84, [95% CI 0.70-1.01] and OR = 0.54, [95% CI 0.44-0.66]). There was no significant difference for children in informal childcare.

Conclusions

In the French context, early centre-based childcare was significantly associated to lower risk of global child delay. Policies should make centre-based childcare more accessible to more children.

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Current recommendations regarding transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS)

Abstract ID: 354

Symposium: S5 - Transitional age youth mental health: how to improve the continuity of psychiatric care at the CAMHS-AMHS interface?

Presenting author: Joana Reis, *Hôpital Erasme Child and Adolescent Psychiatry Brussels, BELGIUM, Université Libre de Bruxelles Faculty of Medicine Brussels, BELGIUM*

Background/Objective

Adolescents and young adults are a particularly at-risk population in mental health. According a large

national survey in the United States, the first psychiatric symptoms appeared before the age of 24 for 75% of the patients, and before 14 for 50% (Kessler et al., 2005). However, life-long psychiatric coverage is the lowest between 16 and 24 (McGorry et al., 2013). As a result of these epidemiological observations and by analogy with the management of chronic somatic diseases in pediatrics, the concept of transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) was created. Transition is defined as “the purposeful, planned movement of adolescents and young adults with chronic conditions from child-centered to adult-oriented health-care systems” (Blum et al., 1993). The TRACK study, conducted in England, on the transition from CAMHS to AMHS, showed that only 5% of young people that reach the age of transition to adult services would experience an effective and optimal transition. In fact, the threshold age for acceptance in adult services and for cessation of care in child psychiatry varies greatly, from 16 to 21 years. Additionally, young people also feel that the devices are too stigmatizing and they are not familiar with existing care options (Singh et al., 2015).

Method

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Results

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Conclusions

In recent years, new recommendations and guidelines have been drawn up (National Institute for Health and Care Excellence, 2016). This oral presentation aims to clarify the strategies to a well-managed transition process from CAMHS to AMHS.

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Neural networks involved in social visual engagement in preschoolers with ASD

Abstract ID: 357

Symposium: S59 - Attention in children with autism spectrum disorders

Presenting author: *Nada Kojovic, University Of Geneva Psychiatry Geneva, SWITZERLAND*

Background/Objective

Social difficulties associated with ASD are considered to result from the cascading effect of a reduced social interest during the child's development. Studies focusing on the developmental changes point to altered maturational changes in orienting to social cues from the first months of life. The exact biological

mechanisms that govern the emergence of these aberrant social attention patterns and their course of evolution remain elusive.

Method

Children watched a cartoon depicting a complex social scenario. The dynamic measure of divergence from age-appropriate normative visual exploration (Proximity Index-PI) was obtained for each child with autism. Structural MRI images were acquired in the natural sleep of children. Considering the heterogeneity in autism, we constrained our analyses to males younger than 6 with the diagnosis of autism ($n= 29, 3.24\pm 0.92$ years old). Local gyrification index (LGI), a metric quantifying cortical folding indicative of early brain development, was obtained using Freesurfer 7.1, upon manual editing. Vertex-wise analyses were deployed to probe for the relation between LGI and PI.

Results

Our results demonstrated a negative relationship between the PI and LGI in dorsal anterior cingulate-dACC (bilaterally), left temporoparietal junction (ITPJ) and left inferior temporal cortex (IITC). Additionally, higher values of LGI in the right temporoparietal junction (TPJ) and left dorsal lateral prefrontal cortex (DLPFC) were related to more severe autistic symptomatology.

Conclusions

We show evidence that the aberrancies early brain development in clusters involving the flexible deployment of visual attention correlated with atypical social visual exploration strengthening the need for intervention in the period of enhanced brain plasticity.



Clinical and cognitive correlates of multivariate patterns of sleep disturbance in 22q11.2 Deletion Syndrome

Abstract ID: 358

Symposium: S54 - Novel insights into multifactorial mechanisms affecting mental health in neurodevelopmental disorders: The case of 22q11.2 Deletion Syndrome

Presenting author: Natacha Reich, *University of Geneva Department of Psychiatry Geneva, SWITZERLAND*

Background/Objective

22q11.2 deletion syndrome (22q11DS) is associated with increased risk for psychopathology, including in particular schizophrenia. In the general population sleep disturbances represent a risk factor for the development of multiple forms of psychopathology, including psychosis. Until now little is known about the sleep phenotype of 22q11DS and its relationship with psychiatric and cognitive symptoms.

Method

We measured sleep patterns in daily life with a combination of Actigraphy and sleep questionnaires in a total of 106 participants, 68 affected by 22q11.2 and 38 controls, with an age range between 5 and 35 years old. We use a multivariate Partial Least Square regression (PLS) approach to identify patterns of sleep disturbances that differentiated individuals with 22q11DS from healthy controls. We used PLS

to identify sleep correlates of psychiatric symptoms, measured with the Structured Interview for Psychosis-risk Syndromes (SIPS), as well as of impairments in memory consolidation.

Results

Individuals with 22q11DS reported higher levels of fatigue despite spending significantly more time in bed. We identified 3 different patterns that correlated with psychiatric symptoms. Longer sleep duration in combination with fatigue and snoring broadly correlated with most SIPS symptoms. A second pattern indicating agitated sleep correlated with affective symptoms. A third pattern indicating reversed sleep cycle, i.e., short night cycle and naps during the day, correlated mostly with negative symptoms. Finally, longer sleep duration was strongly associated with deficits in memory consolidation in 22q11DS.

Conclusions

These results suggest that altered sleep patterns with less effective sleep is strongly associated with clinical and cognitive impairments in the syndrome.

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Psychiatric and neurological expressions of a ADCY5-gen mutation in a 7-year old boy: a case report

Abstract ID: 359

Symposium: TCS1 - Trainee Case Session

Presenting author: Paula Karuza, UMC Utrecht Psychiatry Utrecht, THE NETHERLANDS

Background/Objective

Movement disorders related to mutations in the gene encoding adenylyl cyclase 5 (ADCY5) have been first described in 2012. In ADCY5-related dyskinesia, dysregulation of the cyclic adenosine-3', 5'-monophosphate (cAMP) pathway leads to reduced inhibitory activity and involuntary hyperkinetic movements. ADCY5-related disease comprises a spectrum of hyperkinetic disorders involving chorea, myoclonus, and/or dystonia, often with paroxysmal exacerbations.

Method

We present and discuss in the light of the literature a case report of a 7-year-old boy with a mutation in the ADCY5 gene who presented with dyskinesia and neurodevelopmental problems. He was diagnosed with attention-deficit and hyperactivity disorder (ADHD) and autism spectrum disorder (ASD).

Results

In this patient, dyskinesias were treated specifically and successfully with caffeine (administered as milky coffees). ADHD symptoms improved with long-acting methylphenidate. In general, genetic

neurodevelopmental disorders may present with movement disorders. Treatment of movement disorders may affect behavior and vice versa. Vulnerability for developing motor symptoms and epileptic seizures may complicate pharmacological treatment for behavioral problems in children and adults with neurogenetic developmental disorders.

Conclusions

We recommend that health professionals working with people with patients with genetically derived neurodevelopmental disorders are aware of the increased prevalence of movement disorders and recommend a low threshold for referral to specialist services. Collaboration between child neurologists and child psychiatrists is essential to optimize treatment in these complex disorders.



How does parents' perception of an adolescent mental health problem predict their intentions towards seeking help?

Abstract ID: 360

Symposium: S97 - Cultural sensitivity in CAMHS

Presenting author: Daráine Murphy, *University College Dublin School of Psychology Dublin, IRELAND*

Background/Objective

Parents have been described as the “gatekeeper” to mental health services when their adolescent experiences a mental health difficulty. Research has shown, however, that parents can be slow to recognise that their adolescent needs professional help and in turn to seek help for their adolescent. The aim of this research was to use an experimental design to determine how parents perceive an adolescent mental health problem (measured using the illness perception model) in the early stages predicts their likelihood of seeking help.

Method

Participants were parents of adolescents aged 10 to 19 (N=1179). The study took place online and the participant were assigned to one of eight video vignettes of a parent discussing their adolescent's distress. The vignettes varied by symptom severity (mild/moderate), if the parent could attribute a potential cause (an event in the young person's life) and the adolescent's gender.

Results

Binary logistic regression analysis using maximum likelihood estimation and forced entry method was used to determine the relationship between illness perceptions and intentions to seek help. Parents who reported that treatment could control the problem were more likely to report intentions towards seeking help and parents who reported the adolescent was in control of their distress were less likely to report intentions towards seeking help. Fathers were also significantly less likely to report intentions towards seeking help.

Conclusions

The findings of this study provide valuable insights into how aspects of parent's perception towards an

adolescent's distress in the early stage predicts intentions towards help-seeking for adolescent mental health difficulties.

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Child characteristics associated with parental stress and child/parental quality of life in Angelman syndrome

Abstract ID: 361

Symposium: S14 - Psychopathology in children with rare monogenetic syndromes

Presenting author: Doesjka Hagenaar, Erasmus MC - Sophia Children's Hospital ENCORE Expertise Centre for Neurodevelopmental Disorders & Department of Child- and Adolescent Psychiatry and Psychology & Department of Paediatrics Rotterdam, THE NETHERLANDS

Background/Objective

Angelman syndrome (AS) family studies report increased parental stress and lowered child/parental Quality of Life (QoL). Child characteristics may be key influencers on the level of parental stress and QoL, however there is a lack of data relating the two. The current study investigates whether and how sleep problems, developmental level, or autistic features of children with AS are associated with parental stress and child/parental QoL outcomes.

Method

We collected data prospectively through clinical assessments of pediatric AS patients (n=73, mean age=9.2 years) at the ENCORE Angelman expertise center (Erasmus MC-Sophia). A linear regression analysis was conducted for the following dependent variables: parental stress (short Dutch version of the parental stress index – NOSI-K) and child/parental QoL (all subscales of the short Infant Toddler Quality of Life questionnaire – ITQOL-SF47). Independent variables were sleep problems (Sleep Disturbance Scale for Children – SDSC), cognitive development (Bayley-III-NL cognition), and autistic features (Autism Diagnostic Observation Schedule – ADOS). Covariates were child gender, age, genotype, and epilepsy.

Results

Preliminary results show that a higher SDSC total score was significantly associated with a lower score on the ITQOL subscales 'Physical Abilities', 'Bodily Pain' and 'Parental Impact – Time'. Effect sizes were medium to large. The ADOS and Bayley-III-NL scores were not related to NOSI-K or ITQOL scores.

Conclusions

We found child sleep disturbances to be associated with lower child and parental QoL on several

aspects. These results suggest that more focus on improving child sleep disturbances is needed in order to improve child- and parental QoL in AS.

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Safe & Sound - music therapy intervention for refugee children

Abstract ID: 363

Symposium: S40 - Arts therapies for children and adolescents with psychosocial problems

Presenting author: Evelyn Heynen, *Open University of the Netherlands Clinical Psychology Heerlen, THE NETHERLANDS*

Background/Objective

There is a growing number of refugee children with psychological problems (e.g. concentration, anxiety, anger, social interactions and participation) at schools. Problems can even grow out to psychiatric

problems, such as PTSD. In refugee children, differences in culture and language may further aggravate a positive development. Whereas resilience and different protective factors can prevent children for the development of psychosocial or psychiatric problems. Non-verbal interventions such as musictherapy have shown to intervene on a non-verbal level and can support decrease of psychosocial problems. The musictherapy intervention 'Safe & sound' works on the reinforcement of resilience and protective factors. The present study aims to investigate perceived results and influencing factors of 'Safe & sound' in primary and secondary school settings.

Method

The present study used a mixed method design. Teachers and musictherapists were interviewed, we investigated effects of Safe & sound on classroom climate, resilience and psychosocial wellbeing in children and finally performed video observations of musictherapy sessions.

Results

The qualitative analyses showed rich experiences of the participants that the intervention strengthened the process of social connectedness in schools, resulting in a 'sense of belonging' among the children and adolescents. It promoted feelings of inclusiveness and culture sensitiveness.

Conclusions

Safe & sound emerges as a promising intervention for refugee children in (primary & secondary) school settings. More research is needed to validate these results. In future research, it is necessary to account for the diversity of the group, difficulty to measure feelings reliably, and high dropout rates because of replacements of the children.

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Internalizing Problems Before and During the COVID-19 Pandemic in Dutch Children and Adolescents from the General Population

Abstract ID: 364

Symposium: S84 - COVID-19 Session 2

Presenting author: Hedy van Oers, Amsterdam UMC Child and Adolescent Psychiatry & Psychosocial Care Amsterdam, THE NETHERLANDS

Background/Objective

The recent COVID-19 pandemic outbreak and the restrictions had consequences for children and

adolescents. In this study we assessed the presence of internalizing problems (anxiety/depression) of children during the pandemic and compared it to pre-COVID-19 reference data.

Method

Two general population samples were approached in April 2020 and November 2020: a representative sample of Dutch children (KLIK; N=832/746) and a population sample of the Netherlands Twin Register (NTR, N=3524/1168). The KLIK sample collected self-reported data (measured with Patient-Reported Outcomes Measurement Information System (PROMIS®) domains Depressive Symptoms and Anxiety), whereas the NTR collected parent-reported data (measured with Brief Problem Monitor). For both instruments pre-COVID reference data were available (KLIK, N=1319, NTR, N=34038).

Results

We found significantly higher internalizing problems mean levels from pre-pandemic to pandemic measurements. In self-reports of children (KLIK) almost twice as many children displayed mild or severe internalizing problems when compared to reference data. In the parent-reports (NTR) we were able to compare the current data to the past 20 years of data collection and since the outbreak of the pandemic the amount of children with worrying internalizing problems has remained substantially higher than in all previous years. At the conference, we will present data collected in March and November 2021 and March 2022.

Conclusions

This study showed that children and adolescents in the general population were affected negatively by the pandemic in terms of their internalizing problems. This should be brought to the forefront of political decision making and mental health care policy, intervention and prevention.

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Applying mentalization across the network: AMBIT (Adaptive Mentalization Based Integrative Treatment)

Abstract ID: 365

Symposium: S58 - Mentalizing in systems, organisations and society

Presenting author: Liz Cracknell, *Anna Freud National Centre for Children and Families Clinical division London, UNITED KINGDOM*

Background/Objective

AMBIT (Adaptive Mentalization Based Integrative Treatment) is a whole-systems approach to helping people who have multiple, interacting needs and who may find it difficult to trust in helping services due to past experiences of abuse or marginalisation. Multiplicity of need often results in complex networks of professionals in which dis-integration is at times inevitable. AMBIT applies mentalization to client work to promote epistemic trust but applies equal attention to applying mentalization and promoting epistemic trust across complex networks, within teams, and in relation to a team's collective capacity to learn.

Method

AMBIT has been developed over the last decade following the deployment-focussed approach to model development; a cycle of dissemination to real-world services in a range of contexts (in health, social care, youth provision, education and justice settings) and model development, with feedback from several hundred teams implementing AMBIT in the real-world stimulating iterative improvements to the approach.

Results

We briefly describe AMBIT and give case examples of its implementation across networks, in a range of settings. A mentalizing approach can support improved team and network functioning.

Conclusions

AMBIT is a mentalization-based approach in which the theory of mentalizing and epistemic trust is applied across professional networks and within teams, as well as in relation to direct work with clients. Professionals in a range of setting, from a range of professional backgrounds, can be trained in the approach with promising results in team and network functioning and client trust in help.

Co-authors:

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Paternal perinatal stress is associated with children's emotional problems

Abstract ID: 366

Symposium: S96 - Effects on perinatal stress

Presenting author: Olli Kiviruusu, *Finnish Institute for Health and Welfare Department of Public Health and Welfare Helsinki, FINLAND*

Background/Objective

Paternal mental health in pregnancy and the postpartum has been increasingly highlighted as important

for the development of children. Rates of help-seeking amongst fathers is low, possibly due to conceptualising their own difficulties as stress rather than problems with mood. The relationship between paternal stress and child outcomes has not been investigated.

Method

This study used the Finnish CHILD-SLEEP birth cohort data, where 901 fathers and 939 mothers completed questionnaires on demographics, stress, anxiety and depression at 32 weeks gestation, 3 months, 8 and 24 months postpartum. Data on child emotional and behavioural problems were collected at 24 months.

Results

Around 7% of fathers experienced high stress at each timepoint measured in the perinatal period, rising to 10% at two years postpartum. Paternal stress antenatally, at 3 months and 24 months was associated with child total problems at 24 months, while paternal depression and anxiety were not related to child outcomes when in the same model. After adjusting for maternal depression, anxiety and stress significant association remained between paternal stress at each timepoint and child total problem scores at 24 months. The strongest association was with paternal stress at 3 months (OR 3.17; 95% CI 1.63-6.16).

Conclusions

Paternal stress is an important manifestation of perinatal distress and is related to child mental health, particularly when present in the early postpartum. Paternal stress should be assessed in the perinatal period, which presents opportunities for early intervention and prevention of difficulties for both father and child.

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The benefits of mobility in dealing with hikikomori adolescents and their families

Abstract ID: 368

Symposium: S102 - Outcomes of treatment program

Presenting author: Laura Romero, Centre Hospitalier Intercommunal Créteil 94000 Créteil, FRANCE

Background/Objective

Social withdrawal among the adolescents' population across Europe has dramatically increased in recent years. Only limited research has been carried out, as of today, on therapeutic protocols tailored to help hikikomori patients. Preliminary data seem to show that family therapy techniques can be particularly beneficial to them. However, these are impractical to propose, as hikikomori adolescents prefer, in most cases, not to leave their homes.

Method

The adolescent's mobile unit operating in Maison de l'adolescent du Val de Marne (France) has been dealing with an increasing number of adolescents or young adults presenting hikikomori symptoms. The possibility for therapists to move to the patients' home proves to be a definite advantage and allows working with the entire family even in case the hikikomori patient remains in a peripheral position, often in separate room. The affiliation process between the family members and the therapists of the mobile unit seems to create a new meta-system within which it becomes possible to re-mobilise the resources present in-situ and to promote change in the various subsystems: family, school, health and other social networks.

Results

The presentation illustrates how these resources can be identified and leveraged within the family and measures the benefits that have been observed in terms of social withdrawal reduction using the "International Hikikomori Evaluation Scale" (developed by Pr Furuhashi & Pr McLeod) before and after our intervention.

Conclusions

The discussion on the study results will allow identifying potential areas of improvement in terms of both future research and effectiveness the treatment protocol.

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A Systematic Review on Blended Care in Youth Mental Health

Abstract ID: 369

Symposium: S42 - Opportunities of different types of eHealth for (early)treatment of adolescent depression and other mental health problems of adolescents

Presenting author: Elisa Boelens, Ghent University Department Of Developmental, Personality And Social Psychology Ghent, BELGIUM

Background/Objective

Recently, the use of eHealth (e.g. mobile apps, websites) in psychotherapy vastly increased and seems to be promising. Especially, when classic offline face-to-face (f2f) therapy is combined with online components in a blended care approach, the advantages of both treatment modalities are maximized. However, research on blended care in youth mental health is scarce and several questions remain.

Method

Therefore, this (on-going) systematic review on blended care in youth will (in line with the current PRISMA guidelines) investigate: (a) the current evidence on feasibility/effectiveness of blended care programs, (b) the type of problems (internalizing vs. externalizing) and target groups that are addressed and (c) which implementation characteristics can be distinguished (e.g., proportion f2f vs eHealth, mobile app vs website, guided or unguided online component, offline vs online homework). Only peer reviewed studies on youth between 9 and 17 years old are included.

Results

Preliminary results will be presented.

Conclusions

Conclusions and clinical implications will be discussed.



Genetic overlap between somatic diseases and psychiatric disorders

Abstract ID: 371

Symposium: S87 - Genetics in CAP

Presenting author: Janita Bralten, Radboudumc Human Genetics Nijmegen, THE NETHERLANDS

Background/Objective

The co-occurrence of somatic diseases is frequent in psychiatric disorders. A number of studies have investigated this higher comorbidity, focusing mainly on metabolic disturbances as possible consequences of unhealthy lifestyles. However, growing evidence suggests that common biological mechanisms might be involved.

Method

In our research group we investigate the genetics of psychiatric disorders and their somatic comorbidities using genetic correlation analyses, genome-wide association meta-analyses of population traits and polygenic risk score approaches. Exploiting the largest available genome-wide association results (n ranging from 4,600 to 898,130) we explore shared etiology and biology of a range of psychiatric disorders and traits with a selection of somatic diseases (i.e., the most prevalent diseases linked to insulin-resistance: type 2 diabetes, obesity, and metabolic syndrome, as well as seven autoimmune diseases).

Results

We found significant global and local genetic correlations of insulin- and immune-related diseases with the psychiatric disorders obsessive-compulsive disorder, autism spectrum disorder, attention-deficit/hyperactivity disorder, major depressive disorder, anorexia nervosa, schizophrenia, bipolar disorder and Tourette's syndrome. Genome-wide meta-analyses of psychiatric traits, as well as fine-tuning of the local genetic correlation results indicated a potential role for immune-related genes. Subsequent polygenic risk score analyses starting from immune-related phenotypes showed significant associations with psychiatric traits.

Conclusions

Our analyses show a shared genetic etiology between somatic and psychiatric disorders and highlight a potential role for immune-related genes specifically. These results provide further driving forces for the study of the immune system in psychiatry and highlight the potential of genomics in unraveling this possible link.

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Efficacy of Acceptance and Commitment Therapy in Daily Life (ACT-DL) in Early psychosis: Findings from a Multi-Centre Randomized Controlled Trial

Abstract ID: 372

Symposium: S55 - Transdiagnostic ecological momentary interventions targeting specific constructs aimed at improving youth mental health.

Presenting author: Thomas Vaessen, University of Twente Psychology, Health & Technology Enschede, THE NETHERLANDS, KU Leuven Neurosciences Leuven, BELGIUM

Background/Objective

The aim of the current study was to investigate the efficacy of a novel ecological momentary intervention, Acceptance and Commitment Therapy in Daily Life (ACT-DL) in a multi-center randomized controlled trial of early psychosis individuals.

Method

Individuals aged 16–65 years at ultra-high risk for psychosis (UHR) or first episode psychosis (FEP) were randomly allocated to ACT-DL in addition to treatment as usual (TAU) or TAU only. ACT-DL consisted of 8 face-to-face ACT sessions augmented with an ACT-based smartphone application that provided participants with questionnaires and ACT exercises. Blinded assessors completed assessments at baseline, post-intervention, and at 6- and 12-month follow-up. The primary outcome was psychotic distress. Secondary outcomes were global (SOFAS) and social functioning (SFS), and intensity of psychopathology (BPRS).

Results

We randomised $n=148$ participants to either the TAU ($n=77$) or the ACT-DL condition ($n=71$). There was no effect of ACT-DL on psychotic distress. Compared to TAU, ACT-DL showed improved SFS scores at post-intervention ($\Delta=2.44$; $p=.045$) and 6-month follow-up ($\Delta=3.67$; $p=.017$), and improved SOFAS scores at post-intervention ($\Delta=4.68$; $p=.026$), and at 6-month ($\Delta=6.26$; $p=.009$) and 12-month ($\Delta=5.33$; $p=.031$) follow-up. They showed improved BPRS total ($\Delta=-5.44$; $p=.001$), affective ($\Delta=-2.33$; $p=.005$), negative ($\Delta=-1.73$; $p=.003$) and negative symptom ($\Delta=-7.96$; $p=.001$) scores at 6-month follow-up and improved negative symptom scores at 12-month follow-up ($\Delta=-2.15$; $p=.002$).

Conclusions

Our findings suggest beneficial effects of ACT-DL on global psychopathology and functioning. Interestingly, these effects were evident at 6-month and, in part, 12-month follow-up, suggesting a gradual and (partially) sustained effect of ACT-DL in early psychosis.



Social Media: The Youth's Perspective on Social Media Addiction, Coping Mechanisms and Other Challenges

Abstract ID: 375

Symposium: S94 - Supportive care for adolescents

Presenting author: Amélie Galladé, Youth Parliament of the Canton of Zurich Zurich Zurich, SWITZERLAND

Background/Objective

We are members of the official youth parliament of Zurich. As young people, we want to talk about mental stress and structural problems in society that shape our everyday lives. Our poster and our presentation cover similar topics to attain a greater audience with our inputs.

Method

In consultation with an adolescent psychiatrist, we primarily discussed the problem of how we deal with new forms of media and how they shape our psychological integrity and well-being.

Results

Among others, we criticize...- the lack of competence amongst contact persons (e.g. teachers)- the design of social media algorithms, wanting to keep users on the apps for as long as possible, resulting in higher addiction risks (Noroozi et al. 2021. DOI: 10.1155/2021/2556679)Furthermore, we discussed...- the problem of constantly comparing oneself with influencers and the resulting positive and negative aspects. (Vuong et al. 2021. DOI: 10.3390/ijerph182413222)- the un-entertainable youth who needs constant stimuli and cannot deal with boredom anymore.- The hushed topic of porn addiction, especially the new dynamics introduced by OnlyFans and similar providers. (Alexandraki et al. 2018. DOI: 10.1556/2006.7.2018.34)

Conclusions

By fleshing out the most important of these issues in a short presentation, we hope that our input serves as thought-provoking material for the guests present at ESCAP, who listen to the problems of the youth and discuss possible solutions in their environment. Today, new media forms belong to our lives, so it is essential to maintain an open and cross-generational dialogue to approach those difficulties together.

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Effects of Music Therapy on Reducing Psychosocial Problems in Children/Adolescents

Abstract ID: 376

Symposium: S40 - Arts therapies for children and adolescents with psychosocial problems

Presenting author: *Martina de Witte, Han University of Applied Sciences - Faculty of Health and Vitality Arts Therapies Nijmegen, THE NETHERLANDS, University of Amsterdam Research Institute of Child Development and Education Amsterdam, THE NETHERLANDS*

Background/Objective

Music therapy is frequently offered to children/ adolescents with psychosocial problems. Music therapy can be defined as the clinical and evidence-informed use of music interventions to accomplish

individualized treatment goals. Empirical studies on the effects of music therapy have grown rapidly over the past decade, including in children/adolescents, and show a positive impact on a wide range of psychological outcomes. However, it still remains unclear what the overall effects are, and how and why music therapy interventions account for these positive changes. To summarize the growing body of empirical research a systematic review was conducted.

Method

The objectives of this study were to (a) provide an overview of the efficacy of music therapy interventions for children/adolescents with psychosocial problems, and to (b) gain more insight into the potential moderators of intervention effects, such as type of psychosocial problem, type of therapeutic setting, and specific music therapy approach. A computer-based search was carried out, followed by a stepwise selection procedure. Randomized controlled trials (RCTs), clinical controlled trials (CCTs), and pre-post designed trials were included.

Results

Results showed medium to large effects sizes of music therapy on psychosocial outcomes. These effects were seen in both internalizing and externalizing behavioral problems, in different therapeutic settings, and using different music therapy approaches.

Conclusions

In different treatment contexts, music therapy shows beneficial effects on psychosocial problems in children/adolescents, which may be explained by the way music therapists attuning to the patient by adapting the way of making music as an immediate response to the client's needs.

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Identification and validation of EEG biomarkers in the Subject-Specific Bumetanide Treatment of Neurodevelopmental Disorders using The Neurophysiological Biomarker Toolbox

Abstract ID: 377

Symposium: S24 - Tracing the origins from synapse to EEG in monogenetic neurodevelopmental disorders: the brainmodel perspective.

Presenting author: Shilpa Anand, *Amsterdam UMC Department of Child and Adolescent Psychiatry & Psychosocial Care Amsterdam, THE NETHERLANDS*

Background/Objective

Bumetanide is a selective NKCC1 chloride importer antagonist which is being repurposed as a mechanism-based treatment for neurodevelopmental disorders (NDDs). Due to their specific actions, these kinds of interventions will only be effective in particular subsets of patients. To anticipate stratified application, resting-state EEG can be used to monitor brain-activity and track brain-wide synaptic disturbances characteristic to NDD pathophysiology such as the cortical excitation-inhibition balance which may be altered by bumetanide. The Bumetanide for Developmental Disorders (BUDDI) is an N-of-1 design to assess individualized effect measurements, including EEG, and validate previously obtained effects.

Method

Resting-state EEG is acquired from children and adolescents with NDDs at 9 time-points during bumetanide treatment. Spectral and temporal analysis is done using NBT Neurophysiological Biomarker Toolbox (NBT), an open-source software built on Python. Signal visualization, artifact rejection, power-frequency calculations, statistical analysis and channel-specific computation of EEG biomarkers such as the functional excitation-inhibition ratio $f(E/I)$, absolute and relative powers per frequency band are calculated, across 9 time-points per subject.

Results

Preliminary results (N=11) show heterogeneity in baseline functional excitation-inhibition ratio $f(E/I)$ with 54% of children showing $f(E/I) < 1$ (inhibition-dominated) and the remaining showing $f(E/I) > 1$ (excitation-dominated). Heterogeneity was also observed in baseline absolute power in the delta band.

Conclusions

The BUDDI project is the first N-of-1 design using resting-state EEGs to capture subject-specific heterogeneity in physiological treatment effects. This aligns with the objective of BRAINmodel to integrate and link personalized treatment strategies of cellular models, patient-reported outcomes and EEG.

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"Taking action": an e-health early intervention targeting parents, embedded in a school context

Abstract ID: 380

Symposium: S42 - Opportunities of different types of eHealth for (early)treatment of adolescent depression and other mental health problems of adolescents

Presenting author: Maurane Desmet, Ghent University Department of Developmental, Personality and Social Psychology. Ghent, BELGIUM

Background/Objective

The transition to adolescence is a challenging period accompanied by increased mental health risks. Parents contribute substantially to the way adolescents regulate their thoughts, emotions and behaviors. Warm and responsive parenting, a stable family climate and the direct and indirect use of specific strategies, are all associated with positive outcomes in adolescent mental health. Interventions for young people with psychological complaints should therefore always involve parents, and empower them to install improvement at an early stage. However, not enough adolescents struggling with psychological difficulties, nor their parents, find their way to health care. Minimal but effective interventions can turn the tide and reach more adolescents. This is only possible by working on transdiagnostic mechanisms, and by reducing barriers towards health care as much as possible. This is the first project to investigate the effectiveness of an e-health early intervention, where parents, at home and at their own pace, gain insight into the importance of an adequate parenting style, a positive family climate and a communication style based on emotional coaching, to improve well-being of their children. This intervention is imbedded in the school context, whereby school counselors have an active role, to reach as many adolescents as possible in their own environment.

Method

Data-analysis is currently ongoing.

Results

Preliminary results will be presented.

Conclusions

Conclusions and clinical implications will be discussed.

Co-authors:

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Impact of ADHD polygenic risk on childhood growth

Abstract ID: 382

Symposium: S87 - Genetics in CAP

Presenting author: Manuela Kouakou, *University of Geneva Department of Psychiatry, Faculty of Medicine Geneva, SWITZERLAND, University of Geneva Department of Pediatrics Gynaecology and Obstetrics, Faculty of Medicine Geneva, SWITZERLAND*

Background/Objective

Children with ADHD may be predisposed to aberrant eating behaviours, often leading to adverse outcomes such as higher risk for overweight/obesity. However, only few longitudinal studies have examined this association from a genetic perspective. In this study, we investigated the association between the polygenic score (PGS) for ADHD and childhood eating behaviours as well as a range of anthropometric trajectories spanning the first two decades of life in a large population-based cohort.

Method

ADHD-PGS was calculated for participants of the Avon Longitudinal Study of Parents and Children (ALSPAC; N= 8,654 participants with genotype data and at least one outcome measure). Using generalized (mixed) linear models and multinomial regression, we associated PGS with trajectories of: weight, height, body mass index (BMI), fat mass index (FMI), lean mass index (LMI), bone mineral density (BMD) and eating behaviours (undereating, fussy eating, overeating). Growth trajectories were derived using spline modeling or mixed effects modeling.

Results

ADHD-PGS was significantly positively associated with overeating in the female population (FDR $p < 0.05$). ADHD-PGS was also significantly positively associated with BMI and FMI in both sexes (FDR $p < 0.05$). Furthermore, results showed a high correlation between ADHD-PGS and BMI-PGS.

Conclusions

These findings suggest that individuals with a higher genomic propensity for ADHD may be more likely to overeat during the first 10 years of life resulting in a higher than average BMI and FMI. This study provides evidence that at a proportion of the common genetic variants associated with ADHD are also associated with BMI, FMI and eating behaviour trajectories in childhood.

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EEG-based Predictions of Repetitive Behavioral Improvement in a Randomized Controlled Trial “Bumetanide in Autism Spectrum Disorder”

Abstract ID: 385

Symposium: S24 - Tracing the origins from synapse to EEG in monogenetic neurodevelopmental disorders: the brainmodel perspective.

Presenting author: Gianina Cristian, Amsterdam University Medical Centre, Child and Adolescent Psychiatry, N=You Center for Neurodevelopmental Disorders, Amsterdam,, THE NETHERLANDS, Radboud University Medical Centre, Health Evidence, Health Technology Assessment, Nijmegen,, THE NETHERLANDS

Background/Objective

Chloride-acting drugs such as bumetanide have recently been shown to impact resting-state electroencephalographic (EEG) signals in children with Autism Spectrum Disorder (ASD). This effect may have a clinical translation, in that bumetanide significantly improved Repetitive Behaviour (RBS-R) scores. In this first to our knowledge ASD study employing EEG as a clinical decision aid, we predict symptom improvement in ASD children using EEG and clinical measurements.

Method

Starting from a predictive feature pool comprising of 5 clinical characteristics and 5 baseline resting-state EEG measures across 63 channels, we trained and validated a random forest machine learning classifier to inform RBS-R improvement above- or below- the thresholds: moderate (7-point) and strong (16-point), in N = 34 bumetanide-treated subjects.

Results

EEG measures and baseline clinical severity predicted moderate and strong RBS-R improvement with 80% and 92% average accuracy respectively. EEG measures had an added value in clinical judgements on at least moderate improvement in moderately-to-severely-impaired (7–32 points baseline severity) children. EEG features of absolute power and excitation-inhibition ratio in parietal and central-parietal brain regions, together with baseline severity, could best inform a favourable outcome.

Conclusions

EEG measures may have predictive value in ASD improvement. The next steps involve incorporating information from additional multi-level sources, such as genetics and cellular parameters to enhance predictions. Through multi-level integration we hope to arrive at both a theoretical, mechanistic understanding and practical, prediction-driven interventions.

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Competence Area Mental Health Prevention – Obstacles towards the use of professional help and mobilization of short-term prevention activities within the context of the COVID-19 pandemic

Abstract ID: 386

Symposium: S52 - Preservation of mental health in minors - Determinants and online approaches

Presenting author: Emily Gossmann, *University of Ulm Child and Adolescent Psychiatry/Psychotherapy Ulm, GERMANY*

Background/Objective

In the context of the COVID-19 pandemic, the mental health of children and adolescents has suffered extremely and an increase in psychological distress could be observed. There are some factors that contribute to the avoidance or delayed use of professional help. Therefore and to intercept the consequences of the COVID-19 pandemic on the mental health of young people, an early detection of needs for assistance is important.

Method

Based on data of a representative survey (N=2515) conducted in Germany in 2021, aspects will be analyzed that influence the use or avoidance of professional help concerning children and adolescents suffering from mental illnesses. Also, starting points in prevention from the newly formed Competence Area Mental Health Prevention are presented to face these obstacles towards the use of treatment options.

Results

Influencing factors, such as stigmatization, are identified that make it difficult to seek professional support at an early stage.

Conclusions

The COVID-19 pandemic and the governmental pandemic containment strategies have enormously changed the world of children and adolescents. While psychological distress has increased, it is important to make the public aware of the difficulties young people face. This contributes to a knowledge transfer and increase in the Mental Health Literacy, battles stigmatizing attitudes against mental illnesses and makes the access to professional help more easier for affected persons. To meet this challenge, the Competence Area Mental Health Prevention started working on short-term prevention activities, e.g. information flyers and a psychological online course for parents..

Co-authors:

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Serious adverse drug reactions in children and adolescents during (off-label) antidepressant and antipsychotic pharmacotherapy

Abstract ID: 388

Symposium: S90 - Tailored treatment

Presenting author: Karin Egberts, *University Hospital Wuerzburg Child and adolescent psychiatry Wuerzburg, GERMANY*

Background/Objective

Off-label use of antipsychotics and antidepressants in children and adolescents is associated with an unknown risk of (serious) adverse drug reactions (ADRs). A large simple trial ('TDM-VIGIL study', Eudra-CT 2013-004881-33) was funded by the German Federal Institute for Drugs and Medical Devices in order to investigate serious ADRs in children and adolescents treated with antidepressants and antipsychotics in clinical practice.

Method

Patients aged 6 to 18 years treated with different antidepressants and/or antipsychotics either on-label or off-label at one of the 18 participating child and adolescent psychiatric centers in Germany, Austria and Switzerland were prospectively followed for about 6 months. Follow-up included standardized assessments of everyday effectiveness and (serious) ADRs as well as therapeutic drug monitoring.

Results

710 patients (mean age 14.6 years, 66.6% female) were included. 76.3% of them received antidepressants, 47.5% antipsychotics, and 25.2% received both types of drugs. More than half of all treatment episodes with antidepressants and about 80% of the treatments with antipsychotics were off-label. Serious ADRs were mainly psychiatric adverse reactions (77.4%) and occurred in 8.3% (95% CI 6.4-10.6%) of the patients. The risk of serious ADRs was not different in patients who received the study medication off-label or on-label: 8.1% versus 11.3% ($p=0.16$) for antidepressants and 8.7% versus 7.5% ($p=0.67$) for antipsychotics.

Conclusions

Off-label use was not a risk factor for serious ADRs in children and adolescents treated with antidepressants and antipsychotics when pharmacotherapy was closely monitored. Standardized pharmacovigilance measures should be part of any psychopharmacological therapy for children and adolescents.

Co-authors:

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TDM-VIGIL Consortium, for details see:

<https://www.pei.de/SharedDocs/Downloads/DE/newsroom/bulletin-arzneimittelsicherheit/2020/3-2020.pdf>; study centers in Austria, Switzerland and, GERMANY



THE EVALUATION OF SOCIODEMOGRAPHIC, DEVELOPMENTAL, PSYCHOLOGICAL AND PSYCHOSOCIAL DIFFERENCES OF SEXUALLY ABUSED YOUTH IN TERMS OF CAUSALITY

Abstract ID: 389

Symposium: S81 - Adverse environmental factors

Presenting author: Akin Tahillioğlu, *Çiğli Education and Research Hospital Child and Adolescent Psychiatry İzmir, TURKEY*

Background/Objective

We aimed to evaluate sociodemographic, developmental, psychological, and psychosocial characteristics of sexually abused youth, to determine risk factors among those characteristics for both sexual abuse severity and negative psychological consequences, and to examine risk factors of sexual abuse severity for negative psychological consequences.

Method

The files of 340 sexual abuse cases, aged 6-18, who applied to forensic outpatient clinic of Ege University, Turkey between 2014-2020 were retrospectively evaluated. Psychiatric diagnoses were made according to DSM-5 criteria. Intelligence level was measured with WISC-R. Anxiety levels were evaluated via both parent- and self-reported Screen for Child Anxiety Related Emotional Disorders (SCARED), whereas depression levels via Beck Depression Inventory (BDI) and Children's Depression Inventory. Sexual abuse severity was measured with Sexual Abuse Severity Score (SASS) calculation according to the information obtained from forensic files.

Results

Age increase was associated with more negative psychiatric outcomes. Major depressive disorder (MDD) probability increased 1.018 times with increasing age. However, MDD diagnosis decreased by 0.383 in male gender. Sexual abuse onset age decrease was not associated with more negative mental outcomes. Female gender predicted elevated SCARED and BDI scores. Domestic violence and chaotic family environment predicted increased sexual abuse severity. Besides, elevated SASS-verbal/physical coercion scores predicted more negative mental outcomes, especially post-traumatic stress disorder and MDD.

Conclusions

The findings reveal the relationship between domestic violence/chaotic family environment and more severe abuse, and the association between more severe abuse (especially verbal/physical coercion) and negative psychiatric outcomes. These results might enable the development of more effective protective intervention strategies against sexual abuse.

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Lighthouse MBT-Parenting Programme for reducing risk of maltreatment

Abstract ID: 392

Workshop: W6

Workshop leader: Gerry Byrne, *University of Oxford Department of Social Intervention and Policy Evaluation Oxford, UNITED KINGDOM*

Background/Objective

The LPP is an evidence-based intervention, underpinned by research in the fields of attachment, child development and neuroscience and by core psychoanalytic concepts. It aims to improve parental functioning and strengthen the parent-child relationship by means of a unique combination of psycho-education, individual and group-based psychotherapy. It was developed for parents with a history of childhood adversity (resulting in considerable mentalizing deficits and failures that threaten the healthy development of their children) to promote mentalizing modes of thinking and parenting in this high-risk, exacting clinical population, through enhancing parents' capacity to mentalize and in particular to mentalize their children, to enhance attunement in parent-child relationships, to promote secure attachment and reduce disorganization and to reduce risk of harm and risk of trans-generational transmission of psychopathology. In addition to using MBT treatment interventions images and metaphors of the lighthouse, sea, sea journeys and the shore etc., help parents grasp hold of key mentalizing, attachment and psychoanalytic concepts.

Method

Learning Objectives 1: Describe the centrality of mentalizing, epistemic trust, and attachment to the parent-child relationship.2: Identify and describe mentalizing failures and deficits, and the attachment-oriented Lighthouse metaphors3: Facilitate pro-mentalizing conversations with parents in clinical practice utilising MBT skills.

Results

The training is designed to be in part 'experiential', so that some participants can have direct experience of the programme and of the MBT stance and skills.

Conclusions

Teaching methods include didactic, role play, 'real-play' and group check-in and check-out and have been very positively evaluated by participants to date.

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Suicidality and CoVid-19 in child and adolescent psychiatry

Abstract ID: 393

Symposium: S92 - Selfharm/COVID-19

Presenting author: Paul Plener, *Medical University Vienna Dept. of Child and Adolescent Psychiatry Vienna, AUSTRIA*

Background/Objective

The CoVid-19 pandemic has seen a rise in mental health disorders worldwide. Especially adolescents (15-25 years of age) seem to show particularly high rates of depression, anxiety and eating disorders. First reports from pediatric emergency rooms reported an increase in suicide attempts.

Method

We conducted an online study (n=3052) in Austrian adolescents during the end of a period of school closures (February 2021). In addition, we collected data on suicide attempts from a child and adolescent psychiatric outpatient department serving 50% of the Viennese adolescent population. Furthermore, data on suicide in the general population of Vienna from 2019-2022 was obtained from the city of Vienna.

Results

In our online study, 8.9% reported daily suicidal ideation and further 7.4% of participants reported suicidal ideation on more on half of the days. Furthermore, clinical data showed a two-fold increase of referrals due to suicide attempts, while the City of Vienna's suicide data showed a stable suicide rate throughout the pandemic so far.

Conclusions

The CoVid-19 pandemic has an impact on suicidality in adolescent with rates of suicidal ideation and suicide attempts rising. However, suicide deaths remained unchanged in comparison to previous years



Measuring social orienting in preschoolers with autism spectrum disorder using different types of eye-tracking paradigms

Abstract ID: 394

Symposium: S59 - Attention in children with autism spectrum disorders

Presenting author: François Robain, *University of Geneva Department of Psychiatry Geneva, SWITZERLAND*

Background/Objective

Social orienting (SO) represents the preferential orientation towards social stimuli observed during typical development. Altered SO was suggested as the primary source of socio-communicative difficulties in autism spectrum disorder (ASD). Studies using eye-tracking mostly confirm decreased SO in ASD when showing realistic stimuli. However, SO has been scarcely investigated using minimally social stimuli such as cartoons. Yet, using such stimuli could allow for malleable and child-friendly paradigms potentially more sensitive to early atypical visual patterns.

Method

In our study, 90 preschoolers with ASD (age = 3.19 ± 0.88) and 20 TD (age = 2.95 ± 1.26) watched two preference eye-tracking tasks. One Realistic task, displaying children dancing versus geometric shapes moving repetitively, and a Cartoon task, displaying social and non-social cartoon stimuli with similar movements. We measured SO percentage along with refined visual exploration parameters and compared those of ASD children to TDs. In addition, we investigated their relations with behavioral measures such as symptom severity, developmental and adaptive levels.

Results

We evidenced decreased SO percentage in ASD compared to TD children when watching the Realistic task but not the Cartoon task. We did not identify any other differences between groups. However, we identified several correlations between eye-tracking measures and behavioral measures within the Cartoon task.

Conclusions

Together, our results support a preferential orientation of children with autism towards repetitively moving shapes when opposed to realistic stimuli but no decreased SO when presenting minimally social stimuli. Nonetheless, when investigating refined visual exploration parameters, even socially simple stimuli elicited atypical gaze patterns associated with early developmental delay.

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Joint training across Paediatrics and CAP to meet the needs of children and young people presenting to hospital with mental health and care crises

Abstract ID: 396

Workshop: W7

Workshop leader: Katya Certic, Solent NHS Trust Community Paediatrics Southampton, UNITED KINGDOM

Background/Objective

In recent years, the UK has seen a significant increase in children and young people (CYPs) presenting to Paediatrics and Emergency Departments with acute mental health crises. The impact of the COVID-19 pandemic has further exacerbated this. Paediatricians are regularly expected to meet these patients' complex needs despite minimal resources and training. In response, we have seen an increased focus both regionally and nationally on developing and providing training for MDT clinicians across CAP, Paediatrics and Emergency Medicine.

Method

In this workshop, we will provide an overview of recent national developments and our own regional initiatives to improve collaborative working across specialties. We will share our learning from five years of providing regional teaching, simulation and reflective practice to multiprofessional hospital-based clinical teams and will discuss the QI work that informed this process. We will describe the adaptations made to provide teaching online and why "lift and shift" is inadequate. The workshop will be interactive, with participants discussing within small groups the challenges they face in their own work and what steps they can make or have already made to improve collaboration between Paediatrics and CAP.

Results

Participants will recognise the challenges of collaboration between CAP and Paediatrics and will have an approach to developing cross-specialty training frameworks with focused learning outcomes, including development of knowledge, skills, behaviours, values and attitudes.

Conclusions

Managing acute mental health crises in CYP requires a collaborative approach across specialties. This workshop will empower attendees to promote and develop this approach within their own practice.

Co-authors:

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Impact Game for Young Daredevils - Interdisciplinary and user-centered development of a digital game-based intervention to promote self-regulation and addiction prevention

Abstract ID: 398

Symposium: S37 - The use of eHealth to decrease mental health problems and promote well-being

Presenting author: Nuri Wieland, Catholic University of Applied Sciences North Rhine-Westphalia German Institute on Addiction and Prevention Research Cologne, GERMANY, University of Amsterdam Psychology Amsterdam, THE NETHERLANDS

Background/Objective

The SOLVE project links the medium "digital game" with addiction prevention in a target group and practice-oriented approach. Psychologists from Catholic University of Applied Sciences NRW (KathO NRW) and the University of Amsterdam are working interdisciplinarily with game designers from Technical University Cologne (TH Köln) to develop and test a new digital game-based intervention to reduce problematic substance use among young people who are particularly impulsive and/or 'sensation seeking'.

Method

In a user-centered design approach, adolescents and professionals from different settings (youth services, addiction services, psychiatry, school) are involved from the conceptualization to the first impact evaluation. The development of the intervention follows a strongly iterative user-centered design approach. The results of various qualitative surveys are incorporated into the development of the prototype in a highly iterative production process. The various methods include workshops, focus groups, questionnaires, semi-structured interviews, playtests, and creative tasks.

Results

Initial results of completed surveys are presented. These include preferences, habits, needs and desires of the target group regarding leisure and health, own future, gaming and other aspects of the intervention. Implications for intervention development on a theoretical and practical level are presented.

Conclusions

The target group-oriented development of a digital game for the promotion of self-regulation and addiction prevention requires an intensive interdisciplinary examination of the needs and characteristics of the target group as well as in relation to the medium. The development simultaneously follows health-psychological as well as game-design goals and considers a later implementation in different practice contexts. Specific challenges and approaches are presented and discussed.

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Types of natural re-inforcement in the A-FFIP intervention and their relation to the child's characteristics

Abstract ID: 399

Symposium: S66 - Moderators and mechanisms of early intervention in Autism Spectrum Disorder

Presenting author: Christine M. Freitag, University Hospital Frankfurt, Goethe University Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Frankfurt, GERMANY

Background/Objective

Supporting learning of new skills through positive reinforcement (PR) is a central component of the A-FFIP natural developmental early intervention program for young children with ASD. We describe different types of positive reinforcement (TPR) used during the beginning of the A-FFIP intervention, and explore their correlation with child characteristics.

Method

Video codings of N = 17 children with ASD, aged M = 49.94 (SD = 10.54) months are presented. Two raters logged PR situations (OPRIS coding scheme; inter-rater agreement on single item level $.701 < ICC < .979$). The number of reinforcement situations and frequency of TPRs are reported. The correlation between different TPRs and the child's cognitive ability (Bayley-III and WPPSI-III), social communication and repetitive behavior symptoms (BOSCC total score, RBS-R) was explored with Spearman's correlation.

Results

Mean frequency of positive reinforcement by therapists per session: M = 47.7 (SD 10.7). On average, the children accepted 56% of these. Natural non-social PR, natural social PR, and the combination of both occurred most frequently. Correlations with the BOSCC total score were found for social PR ($r = -.65$, 95% CI [-.88, -.25]) and combined PR ($r = .53$, 95% CI [.03, .82]).

Conclusions

Therapists employed natural non-social and social PR, but no arbitrary non-social stimuli, which reflects the nature of A-FFIP as NDBI. Correlation analysis with child characteristics indicate that therapist are able to use different TPRs based on the child's core ASD symptoms and cognitive abilities. Funding: DFG, FR2069/8-1, FR2069/8-2



On stage: drama therapy for children and adolescents with psychosocial problems

Abstract ID: 401

Symposium: S40 - Arts therapies for children and adolescents with psychosocial problems

Presenting author: Marij Berghs, Zuyd Hogeschool Arts Therapies Heerlen, THE NETHERLANDS, Royal Dutch Kentalis Zorg Nijmegen, THE NETHERLANDS

Background/Objective

One out of five children and adolescents suffer from psychosocial problems, including mental disorders. Failure to identify and treat psychosocial problems in time increases the risk of problems in the future. Psychosocial problems can be explained from a neuropsychological perspective. Drama therapy is a common treatment used for reducing psychosocial problems. Little is known about the effects of dramatherapy and which specific drama therapeutic mechanism of change can lead to a positive change in psychosocial problems of children and adolescents.

Method

A systematic review was conducted on databases Science Direct, PubMed, Medline, PsychInfo, Cinahl, Drama Therapy Review, Bath and Google Scholar. We included (randomized) controlled trails and pre- and posttest designs. A narrative approach was applied to analyze effects drama therapeutic mechanism of change.

Results

Ten studies were included. Results of these studies showed that drama therapy led to a decrease on psychosocial problems and behavioral problems (internalizing and externalizing). In addition, effects of drama therapy were seen on social functioning, coping, regulation processes, social identity, and cognitive development. Mechanisms of change that were proposed included processes during drama therapy, in which participants are playing, becoming aware, experiencing, expression, reflection, embodying, gaining self-control and being creative and use their imagination. This may contribute to development of cognitive functions, such as perception, executive functions, and social cognition.

Conclusions

This study contributes to insight into the effects and overarching moderators of drama therapy, which reduces psychosocial problems. Recommendations for further research and clinical practice are made.

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Advancing credibility in longitudinal research by implementing open science practices: Examples from the SIGMA study

Abstract ID: 403

Symposium: S38 - Looking ahead with the SIGMA-project: Investigating processes at different timescales to better understand adolescent psychopathological development

Presenting author: *Olivia Kirtley, KU Leuven Center for Contextual Psychiatry Leuven, BELGIUM*

Background/Objective

Clinicians, policy-makers, and researchers rely on high-quality evidence to inform their work. Longitudinal studies provide unique insights into the evolution of complex developmental processes over time, and are often considered a highly trustworthy (i.e. credible) source of evidence. Adopting particular scientific practices – sometimes referred to as open science practices – facilitates evaluation of credibility in research by increasing transparency, but use of open science practices in longitudinal developmental research is not yet widespread. Here, I discuss the opportunities – and challenges – of implementing open science practices in longitudinal research, using the SIGMA study as an example.

Method

We implemented a range of open science practices into the SIGMA study: a large-scale, accelerated longitudinal study of adolescent mental health and development, using experience sampling methods (ESM). The practices we implemented include formally documenting hypotheses and analysis plans ahead of data access (preregistration and Registered Reports), reducing the likelihood of data-dependent decision-making by limiting data availability (data access management), and sharing our study materials and analysis code (open materials and code).

Results

To date eight registrations and one Registered Report using SIGMA data have been completed, and more are in progress. Analysis code is shared via the Open Science Framework website and ESM questionnaires are publicly available in the ESM Item Repository (esmitemrepository.com).

Conclusions

Implementation of practices to increase transparency and reproducibility in longitudinal research is possible and crucial if we are to facilitate rigorous evaluation of credibility in longitudinal developmental studies.



Genetic networks underlying callous-unemotional and aggressive behaviour

Abstract ID: 405

Symposium: S64 - Callous unemotional and other conduct disorder related traits: Underlying neurobiology

Presenting author: *Christine M. Freitag, University Hospital Frankfurt, Goethe University Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Frankfurt, GERMANY*

Background/Objective

Aggressive Behaviour (AB) and Callous Unemotional Traits (CU) are the most heritable traits related to Conduct Disorder (CD). Still, the underlying genetic architecture has not yet been clarified.

Method

In the FemNAT-CD sample (www.femnat-cd.eu) the effect of common genetic variants on CBCL based AB score (N= 582 CD, 743 controls) and on the parent rated Inventory of Callous-Unemotional Traits total score (N= 755 cases, 861 controls) was studied at the genome-wide level. Associated genes were tested for enrichment in biological and neurodevelopmental processes.

Results

No genome-wide significant SNP x group effect was observed at the single marker level. Gene-based analyses of interaction effects, however, showed a significant association with synaptic transmission in early childhood in the frontal and temporal cortex for AB, and with early prenatal processes of cell cycle regulation in the hippocampus and amygdala for CU. Independent analyses of the SNP main effect (corrected for CD) identified 722 genome-wide significant SNPs for AB and 622 for CU, with a significant overlap of 546 SNPs. Overlapping biological processes such as immune system development and MHC class Ib receptor activity were found.

Conclusions

Genetic factors associated with AB and CU in interaction with CD are involved in early brain development. This relates CD to developmental disorders. Still, the SNP main effects on AC and CU were larger than the interaction effects, which renders the genetic aetiology of the two domains a largely independent of a CD diagnosis. Funding: EU FP7-program, Grant-No 602407, FemNAT-CD study. We thank all contributing researchers, participants and families.

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Pre-displacement and post-displacement factors associated with the mental health of unaccompanied refugee minors 6 years after the great wave of refugees in Europe

Abstract ID: 406

Symposium: S68 - Psychological distress and psychosocial care of unaccompanied refugee minors: The impact of trauma, flight and daily stressors on the mental health of young refugees and the quality of life and transcultural competencies of professionals 6 years after the great wave of refugees in Europe.

Presenting author: Cedric Sachser, Ulm University Child and Adolescent Psychiatry/Psychotherapy Ulm, GERMANY

Background/Objective

Unaccompanied refugee minors (URMs) suffer from exposure to traumatic events preflight and during flight. Additionally, URMs face daily stressors such as discrimination or problems with immigration procedures during resettlement, which influence their mental health and wellbeing. Therefore, the study investigates differential effects of pre-, post- and resettlement factors associated with posttraumatic stress symptoms (PTSS), depression and anxiety.

Method

In this cross-sectional study, N=132 URMs (81% male; 16,9 years) were included in 22 child welfare institutes in Germany. Participants were assessed via standardized questionnaires on traumatic events, their mental health problems (PTSD: CATS; Depression: PHQ9; Anxiety: GAD-7) and daily stressors (Daily stressors: DSSYR; Group Climate: GCIC; Acculturation and Adaptation: BASOS). Multiple regression analyses were performed to investigate the influence of trauma and daily stressors on PTSS, depression and anxiety symptoms.

Results

Traumatic events ($\beta=0.38$; $p<0.01$), daily stressors ($\beta=0.37$; $p<0.01$), subjective distress with immigration ($\beta=0.20$; $p<0.01$) and school attendance ($\beta=0.17$; $p<0.01$) were significantly associated with PTSS. Daily stressors ($\beta=0.56$; $p<0.001$), years in Germany ($\beta=0.33$; $p<0.01$); years in youth welfare ($\beta=-.22$; $p<0.01$), school years ($\beta=0.19$; $p<0.01$), contact with family ($\beta=-0.26$; $p<0.01$) were significantly associated with depression. Daily stressors ($\beta=0.48$; $p<0.001$), years in Germany ($\beta=0.29$; $p<0.01$), years in youth welfare ($\beta=-.24$; $p<0.01$), school years ($\beta=0.20$; $p<0.01$), contact with family ($\beta=-0.28$; $p<0.01$), years school in home country ($\beta=0.23$; $p<0.01$) were significantly associated with anxiety.

Conclusions

The study found differential effects of traumatic events and daily stressors on PTSS, depression and anxiety, which may result in differential psychosocial interventions with regard to different mental disorders.

Co-authors:

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Levels of Personality functioning in self-report and informant report (LoPF-Q 6-18 Parent) in school and clinic samples: Differences between 6-12 and 13-18 year olds in impairment levels and in relation to categorical personality disorder criteria and in different diagnostic groups

Abstract ID: 407

Symposium: S34 - Early detection of Personality Disorders and Personality Difficulties by assessing impairments in Personality functioning (Criterion A) in self and informant report

Presenting author: Marc Birkhölzer, *University Psychiatric Clinic Basel Juvenile Forensic Department Basel, SWITZERLAND*

Background/Objective

The diagnostic system to diagnose Personality Disorders (PD) is fundamentally changing with the ICD-11. Almost identical to the Alternative Model of Personality Disorders (AMPD) and herein the Levels of Personality Functioning (LPF) concept, that was first introduced in Section III of the DSM 5 in 2013, PD is characterised by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships). Also, there will no longer be any age limit to diagnose PD.

Method

Inspired by the DSM 5 LPF concept, our workgroup developed the LoPF-Q 12-18 self-rating questionnaire and the LoPF-Q 6-18 informant report to capture impairment in personality functioning. Results in different age groups are presented. In addition, we present results in a mixed clinical and school sample of 6 to 19 year olds in relation to categorical PD criteria and differences among different diagnostic groups concerning self-rating and informant rating.

Results

Both, the LoPF-Q 12-18 self-report and the LoPF-Q 6-18 informant report distinguish well between PD patients and students. However, patients with externalizing disorders seem far less impaired in self-rating than in informant rating.

Conclusions

Clinical implications and future directions will be discussed.



Transcultural competencies of professionals working with migrant children and adolescents

Abstract ID: 408

Symposium: S68 - Psychological distress and psychosocial care of unaccompanied refugee minors: The impact of trauma, flight and daily stressors on the mental health of young refugees and the quality of life and transcultural competencies of professionals 6 years after the great wave of refugees in Europe.

Presenting author: Maïke Garbade, *Ulm University Child and Adolescent Psychiatry / Psychotherapy Ulm, GERMANY*

Background/Objective

Children and adolescents with a migration background often face discrimination and racism. Due to these experiences, psychological distress and other difficulties are highly prevalent. Transcultural competencies of professionals are one opportunity to meet the needs of this population and tackle challenges due to cultural discrepancies. In this presentation transcultural competencies of pedagogical and health care professionals will be presented and discussed.

Method

A sample of N = 232 pedagogical and health care professionals filled out the online survey. Transcultural competencies and further training needs were assessed and challenges in their work were reported by a mixed-method approach.

Results

Overall, our results demonstrate high transcultural competencies in this population. A multivariate analyses of variance (MANOVA) showed significantly higher transcultural competencies in professionals who had already attended transcultural trainings. Pedagogical professionals reported significant higher transcultural emotions/empathy compared with health care professionals, whereas health care professionals reported significant higher transcultural knowledge. Several challenges in their work with migrant children and adolescents were reported, in particular the work with parents and language barriers. There was a great demand for further trainings on specific topics.

Conclusions

Transcultural competencies might enhance the professional's skill set in order to overcome challenges in the work with migrant children and adolescents and to provide adequate care for this vulnerable population. Future research should address the development, evaluation and dissemination of low-threshold transcultural trainings for pedagogical and health care professionals.

Co-authors:

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Professional quality of life of social workers working with traumatised young unaccompanied refugees in youth welfare institutions in Germany

Abstract ID: 410

Symposium: S68 - Psychological distress and psychosocial care of unaccompanied refugee minors: The impact of trauma, flight and daily stressors on the mental health of young refugees and the quality of life and transcultural competencies of professionals 6 years after the great wave of refugees in Europe.

Presenting author: Jenny Eglinsky, Ulm University Child and Adolescent Psychiatry/Psychotherapy Ulm, GERMANY

Background/Objective

Due to traumatic and stressful events in their home country, while migrating to and after arrival in the host country many URMs develop serious health problems such as posttraumatic stress symptoms, depression and anxiety. This poses a major challenge for the social workers in the institutions and can have a huge impact on their professional quality of life.

Method

Data concerning the Professional Quality of Life (ProQoL) was collected from N = 69 social worker (M Age = 38.82, SD Age = 12.00; 59.4% female) from 18 different institutions in the youth welfare service. A multiple regression analysis for the subscales Compassion Satisfaction, Burnout and Secondary Trauma has been applied with the predictors Age, Gender and Work Experience with UYRs.

Results

The descriptive results disclose an average level of Compassion Satisfaction (M = 39.32, SD = 4.43), a low level of Burnout (M = 21.66, SD = 4.59) and Secondary Trauma (M = 20.54, SD = 4.07). In the regression analysis the age of the social worker had an impact on the subscale Compassion Satisfaction with a negative effect of $\beta = -.296$ ($p = .023$).

Conclusions

The study reveals that the social workers report a relatively high professional quality of life altogether. Compassion Satisfaction decreases with older age of the social worker. Therefore, interventions addressing this specific topic and offering support for social workers that get older, can help maintaining a high professional quality of life over their lifetime while working in this very challenging field.

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Brain Response to Threatening Faces in Youths with Conduct Disorder: Effects of Sex and Variation in Callous-Unemotional Traits.

Abstract ID: 411

Symposium: S64 - Callous unemotional and other conduct disorder related traits: Underlying neurobiology

Presenting author: STEPHANE DE BRITO, *University of Birmingham School of Psychology and Centre for Human Brain Health BIRMINGHAM, UNITED KINGDOM*

Background/Objective

Functional magnetic resonance imaging (fMRI) studies on youth with conduct disorder (CD) have mostly been limited to males. We investigated brain responses to threatening faces in a large, mixed-sex sample of youth with CD, and examined the influence of sex and callous-unemotional (CU) traits.

Method

fMRI response to threatening (angry, fearful) and neutral faces were obtained from 161 youths with CD (74 females) and 241 typically-developing (TD) youths (139 females) aged 9–18 years. Categorical analyses tested for diagnosis effects (CD vs. TD and CD with high [CD/HCU] vs. low [CD/LCU] CU traits vs. TD) and sex-by-diagnosis interactions. Dimensional analyses within the CD group explored associations with CD symptoms, CU traits (and its subcomponents: callous, uncaring, unemotional) and sex-by-CU traits interactions.

Results

For angry versus neutral faces, sex and CD diagnosis interacted to predict left amygdala response (females CD < TD while males with CD > TD; increased response driven by CD/LCU males). When processing faces in general, youth with CD exhibited greater left putamen responses compared to TD youth, while sex and CU traits interacted to predict right amygdala response (females with CD/LCU < females TD while males with CD/LCU > TD). Dimensional analyses revealed sex-by-callous traits interactions (positive associations for females, but negative for males) for threatening versus neutral faces in several cortical and subcortical regions.

Conclusions

The association between CU/callous traits and brain response to threatening faces is diametrically different in females versus males with CD, suggesting different pathophysiological processes and the need for sex-specific interventions accounting for those traits.



Before we start treatment: trauma screening and -diagnostics

Abstract ID: 413

Symposium: S70 - Diagnostics and treatment of Children and Adolescents with Trauma Related Disorders

Presenting author: Lieke Kooij, *Amsterdam UMC Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Children with full and partial posttraumatic stress disorder (PTSD) may experience impairments in their development and daily functioning. In order to administer an efficient and effective treatment to reduce (partial) PTSD, it is important to identify traumatic events and symptoms, and assessment is needed to see if these symptoms meet the DSM-5 classification. Screening for traumatic symptoms can be done through the Child and Adolescent Trauma screener (CATS). Diagnosing PTSD is nowadays administered via the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA-5). In this research we aim to identify the validity and reliability of the Dutch CATS and CAPS-CA-5 in a population of Dutch children 8-18 years old and their primary caretaker.

Method

Data is collected through usual care in the Dutch mental health Clinic (Levvel) (N=113). Statistical

analyses were carried out for the purpose of reliability, criterion validity, construct validity, and confirmatory factor analysis (CFA) concerning the construct of the CATS.

Results

We expect good psychometric outcomes on the Dutch CATS and CAPS-CA-5 based on previous research on Dutch CAPS-CA DSM-IV. Furthermore the CATS has shown high reliability and validity in Germany, Norway and the UK. Content validity research shows that both measurements are an adequate reflection of PTSD.

Conclusions

Systematic administrating PTSD symptoms through screening and diagnostics is crucial in PTSD treatment of children and adolescent in psychiatry. Validated measurements contribute to the accuracy of choosing the best fitted treatment and adds to the effectiveness of mental health care in this vulnerable group.



Covid-19 pandemic and emergency visits for psychiatric reason among children and adolescents: trend of suicidal attempts in the Northwest of Italy.

Abstract ID: 414

Symposium: S92 - Selfharm/COVID-19

Presenting author: Chiara Davico, University of Turin Section of Child and Adolescent Neuropsychiatry, Department of Public Health and Pediatric Sciences Turin, ITALY

Background/Objective

The first wave of the COVID-19 pandemic was accompanied by a decrease in the number of child' and adolescent hospital emergency department (ED) visits for psychiatric reasons. This study examined how psychiatric ED visits changed during the prolonged pandemic period, with particular attention to visits due to suicidal attempts.

Method

All ED visits and ED presentations for psychiatric reasons by patients under 18 years in 2019, 2020, and first 7 months of 2021 at an urban university hospital in Italy were retrospectively reviewed for demographics, psychopathology, and time relationship with the intensity of pandemic social lockdown. Mixed effect regression models were applied; presence of suicidal cluster was evaluated through SatScan and Poisson distribution.

Results

While the total number pediatric visits declined, the number of psychiatric presentations raised from 368 in 2019, to 381 in 2020, and 359 for the period January- July 2021. The proportion of pediatric visits accounted by psychiatric ED visits increased (0.75% in 2019; 1.93% in 2021). In particular, ED visits for eating disorders and suicidal attempts increased. Week progression over time was associated with

increasing number of visits for suicide attempts (RR 1.01, $p < 0.031$). A suicidal cluster of 6 suicide attempt was identified in a relatively small population (RR 8.44, $p = 0.030$).

Conclusions

The prolonged pandemic has been accompanied by an increasing number of ED visits for severe psychopathology. Further analyses will examine more in detail possible relationship with school availability.

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Mother-child pretend play: links to maternal mental health and child behaviour

Abstract ID: 415

Symposium: S67 - Findings from a pragmatic randomised controlled trial of a video-feedback intervention: Improving outcomes for young children

Presenting author: Zhen Rao, *University of Cambridge Faculty of Education Cambridge, UNITED KINGDOM*

Background/Objective

Parents play an important role in children's early play experience. As a common form of early parent-child play, pretend play has been associated with children's cognitive, social and emotional development. The two studies presented in this paper aim to understand how early mother-child pretend play is related to maternal mental health (i.e., anxiety and depression) and child behaviour (i.e., behavioural difficulties and prosocial behaviour).

Method

In the first study, concurrent associations were examined between observed mother-child pretend play

(N= 60 dyads, Mean age of child = 29.67 months, SD = 3.25, 41.7% girls) and maternal anxiety and depression measured at baseline. Additionally, longitudinal associations were examined between baseline mother pretend play and child behaviour problems rated by mothers two years later. In the second study, concurrent and longitudinal associations will be investigated between mother-child pretend play (N= 108 dyads, Mean age of child = 25.52 months, SD = 5.36, 43% girls) and children's prosocial behaviour and behavioural difficulties at baseline and 2-year follow-up.

Results

Higher maternal anxiety was found to predict less pretend play in mothers and children. Higher maternal depression predicted less child pretend play. When baseline child behavioural problems and maternal anxiety were controlled for, more mother pretend play at baseline predicted fewer child behavioural problems two years later. Analyses for the second study is underway.

Conclusions

Maternal anxiety and depression are associated with less pretend play during mother-child interaction. Mother's engagement of pretend play with their children might reduce the risks of later child behavioural problems.

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Endocrinological stress response is differentially related aggressive behaviour and callous unemotional traits

Abstract ID: 416

Symposium: S64 - Callous unemotional and other conduct disorder related traits: Underlying neurobiology

Presenting author: David Jitten, Frankfurt University Hospital, Goethe University Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Frankfurt, GERMANY

Background/Objective

In conduct disorder, an attenuated endocrinological stress response has been replicated. It has been hypothesized that especially the cortisol stress response may be related to limited prosocial emotions (LPE) and testosterone stress response to aggressive behaviour (AB).

Method

N=130 individuals with Conduct Disorder (CD) and N=159 healthy controls (HC) from the FemNAT-CD study were included. The Trier Social Stress Test (TSST) was completed, and cortisol (CORT), testosterone (TEST) and oxytocin (OXT) response were measured before and after the TSST. Two dimensions of AB and three of LPE were studied for correlation with the respective area under the curve (AUC) by linear mixed models.

Results

Callous-unemotional traits were negatively correlated with CORT-AUC (FDR corrected $p=0.01$, nominal $p=0.002$), and reactive aggression showed a negative correlation with OCT-AUC (nominal $p=0.03$). No specific correlation with TEST-AUC were observed.

Conclusions

Aggressive and limited prosocial behaviour dimensions, which are important correlates of CD, are differentially related to endocrine stress response. This points towards a slightly differentiate underlying neurobiology of CD, AB and LPE. Funding: EU FP7, Grant No. 602407, FemNAT-CD study. We thank the involved researchers, the participants and their families, namely Prof. Arne Popma, Prof. Kerstin Konrad and Prof. Graeme Fairchild

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Mentalizing and non-mentalizing social systems, culture and contexts

Abstract ID: 417

Symposium: S58 - Mentalizing in systems, organisations and society

Presenting author: *Chloe Campbell, University College London Clinical, Educational and Health Psychology London, UNITED KINGDOM*

Background/Objective

How can recent developments in thinking in the area of epistemic trust and mentalizing social systems inform our understanding of the relationship between culture and psychopathology? Informed by recently emerging thinking on the social and culturally driven nature of human cognitive development, the ways in which humans are primed to learn and communicate culture, and a mentalizing perspective on the highly-intersubjective nature of our capacity for affect regulation and social functioning, a cultural-developmental approach to psychopathology will be introduced.

Method

This is a conceptual and clinical account of how mentalizing thinking is currently being developed to consider the ways in which wider social systems generate risk or resilience in young people and supporting the emergence of robust mentalizing capacities.

Results

Emerging empirical work on epistemic trust and its relationship with developmental experiences and current social functioning will be described.

Conclusions

The presentation will conclude by suggesting the value of conceptualizing developmental experience in terms of the extent to which a young person is operating within a non-mentalizing social system.



Distinct epigenetic profiles in relation to treatment outcome in youth with Posttraumatic Stress Disorder

Abstract ID: 418

Symposium: S70 - Diagnostics and treatment of Children and Adolescents with Trauma Related Disorders

Presenting author: Judith Ensink, Amsterdam UMC, University of Amsterdam, Amsterdam Child and adolescent psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

In youth with posttraumatic stress disorder (PTSD) non-response rates after treatment are often high. Although, epigenetic mechanisms such as DNA methylation have previously been linked to PTSD pathogenesis, epigenetic markers as predictors of treatment success have not yet been investigated in youth with PTSD. Furthermore, the relation with other clinically and biological relevant markers is still unknown.

Method

We attempted to characterize this relation in a Dutch cohort of youth with and without PTSD (n= 87, age 8- 18 years). We examined the cross-sectional and longitudinal changes of saliva-based genome-wide DNA methylation (DNAm) levels, and salivary cortisol levels after exposure to trauma script driven imagery (SDI) in relation to treatment response. Youth were treated with 8 sessions of either Eye Movement Reprocessing Therapy (EMDR) and Trauma Focused Cognitive Behavioural Therapy (TF-CBT).

Results

We found longitudinal DNAm change in successfully treated youth at the CRHR2 gene, this gene is related to the glucocorticoid system and HPA-axis functioning. Methylation at this gene was further correlated with cortisol secretion pre- and posttreatment. Our cross-sectional comparison showed distinct methylation between responders and non-responders on C18orf63 gene posttreatment, this genomic region is related to the PAX5 gene, this gene is involved in neurodevelopment and inflammation response.

Conclusions

Awaiting replication, findings of this first study in youth point to molecular pathways involved in stress response and neuroplasticity to be associated with treatment response, and provide potentially biomarkers and treatment targets for pediatric PTSD.

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The diagnosis of juvenile myasthenia gravis in a 14-years-old adolescent presenting with mood and anxiety disorders: the complex balance between neurology and psychiatry

Abstract ID: 420

Symposium: TCS1 - Trainee Case Session

Presenting author: Anna Salvalaggio, University of Turin Public Health and Pediatric Sciences, Section of Child and Adolescent Neuropsychiatry Turin, ITALY

Background/Objective

Juvenile myasthenia gravis (JMG) is an uncommon disease characterised by fluctuating skeletal muscle weakness and fatigue. Psychiatric comorbidities are quite common in patients with myasthenia, particularly mood and anxiety disorders.

Method

A 14-year girl was admitted in the psychiatric in ward for a suicide attempt with ingestion of metal objects. She has already been hospitalized twice during the previous year, because of eating disorders, anxiety, recurrent panic attacks, depressive symptoms, and general emotional lability. She had been treated with benzodiazepines, SSRI antidepressant, and an atypical antipsychotic from six months, with poor results on depressive symptoms and worsening of general fatigue, weakness, and drowsiness. Nocturnal panic attacks were described together with mild desaturation. Neurological assessment highlighted asymmetrical ptosis and facial weakness which were fluctuating and improved with rest. Suspecting a myasthenic syndrome, clinical, neurophysiological and laboratory exams were performed.

Results

The diagnosis of JMG was confirmed by electroneurography; symptomatic therapy with pyridostigmine was started with effective results. Benzodiazepines were discontinued as contraindicated for their muscle relaxant effects. Treatment of JMA was accompanied by improvement also the in psychiatric symptoms resulting in better anxiety control and lower emotional lability.

Conclusions

JMA represents a difficult diagnosis, which can result even harder in adolescents with psychiatric comorbidity due to the difficulty of discerning neurologic and psychiatric symptoms. Moreover, the neurological impairment limits the available pharmacological options so that treatment of psychiatric comorbidities can be challenging.

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Precision dosing of aripiprazole in children and adolescents: linking blood levels to weight gain and effectiveness

Abstract ID: 421

Symposium: S100 - Personalised pharmacological treatment

Presenting author: *Rebecca Hermans, Erasmus Medical Center Child and Adolescent Psychiatry/Psychology & Hospital Pharmacy Rotterdam, THE NETHERLANDS*

Background/Objective

Aripiprazole is one of the most frequently prescribed antipsychotics in children and adolescents. Use of aripiprazole is associated with weight gain, but the correlation between plasma levels and weight gain has not yet been researched. The aim of this study is to describe the relationship between dosages, plasma levels and weight gain and clinical effectiveness of aripiprazole in children and adolescents with autism spectrum disorder (ASD).

Method

We conducted a prospective observational multicentre trial with a 6 month follow-up in children diagnosed with ASD and comorbid behavioral problems using aripiprazole. The primary outcome was BMI normalised for age and sex (BMI z-score). Weight, height and effectiveness (ABC-Irritability scale, ABC-I) were measured at baseline and during follow-up. Sampling of aripiprazole and its active metabolite dehydroaripiprazole was performed by venepuncture and dried blood spots. Population pharmacokinetics were modelled using NONMEM 7.4. Subsequently, simulated pharmacokinetic parameters were correlated to BMI z-scores and effectiveness through mixed model analyses.

Results

21 children were included (71% boys, median age 9.7 years, median bodyweight 39.2 kg), from whom we measured 88 aripiprazole and dehydroaripiprazole plasma levels, and calculated 101 BMI z-scores and 45 ABC-I scores. The pharmacokinetics of aripiprazole and dehydroaripiprazole were best described using a one compartment model. We found a significant positive correlation between sum (aripiprazole + dehydroaripiprazole) plasma levels and BMI z-score ($\beta=0.003$, $p=0.009$), but not ABC-I ($\beta=-0.006$, $p=0.674$).

Conclusions

Higher aripiprazole sum plasma levels are associated with a higher BMI z-score in children and adolescents. Therapeutic drug monitoring may limit weight gain in this population.

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The association of autism spectrum disorder with clinical features in anorexia nervosa: a large-scale study using phenotypic and genetic data

Abstract ID: 422

Symposium: S31 - Unpicking the Overlap between Autism and Eating Disorders: Developmental Pathways in Childhood and Adolescence

Presenting author: Lisa Dinkler, Karolinska Institutet Dept. of Medical Epidemiology and Biostatistics Stockholm, SWEDEN

Background/Objective

Among individuals with anorexia nervosa (AN), those with co-occurring autism spectrum disorder (ASD)

are often considered to have more severe presentations and to be more treatment resistant. However, few studies support this claim, and contradictory results appear in the literature.

Method

Here we use a cohort of 3,562 adults with AN who participated in the Anorexia Nervosa Genetics Initiative-Sweden (ANGI-SE) to study the association of ASD with a broad range of clinical features of AN, using phenotypic and genetic approaches. ANGI-SE is a large-scale, case-control study where phenotypic data and blood samples for genotyping were collected from 2013 to 2016. We include ANGI participants with existing linkage to the National Patient Register (NPR) and the National Quality Register for Specialized Eating Disorder Treatment (Riksät). Cases were identified by meeting DSM-IV-based criteria for AN from the ED100K-v1 questionnaire responses or by having a clinical DSM-IV-TR AN diagnosis.

Results

Using NPR-registered ASD diagnoses and ASD polygenic risk scores (PRS) we will examine whether ASD diagnosis and high ASD PRS indexes clinical features in individuals with AN. These clinical features will be extracted from NPR, Riksät and ED-100K-v, and include age of AN onset, lowest BMI, AN subtype, frequency of eating disorder behaviors, clinical impairment assessment, global assessment of functioning, duration of hospitalization due to AN, outpatient visits due to AN, and duration of illness.

Conclusions

We hypothesize that individuals with ASD diagnosis/with higher ASD PRS show more severe clinical features of AN and that they are more likely to have the restricting AN subtype.

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Modifying role of mother's depression and stress in the association between child's program viewing and psychiatric symptoms at five years.

Abstract ID: 423

Symposium: S104 - Developmental disorders

Presenting author: Janette Niiranen, *Finnish Institute for Health and Welfare Department of Public Health and Welfare Helsinki, FINLAND, University of Helsinki, Helsinki, Finland Faculty of Social Science Helsinki, FINLAND*

Background/Objective

Aim of the study was to examine whether the association between child's e-media use (i.e., TV/program viewing) and psychiatric symptoms are independent of mother's psychological well-being. In addition, we studied whether mother's depression or stress moderates this association.

Method

We used data from the Finnish CHILD-SLEEP birth cohort study. Mother and child were assessed when the child was five years old (N=699). Child psychiatric symptoms were assessed using attention and concentration difficulties, hyperactivity and impulsivity, emotional internalizing, and externalizing problems subscales from Five-To-Fifteen Questionnaire. Mother's depression was measured with Center for Epidemiological Studies Depression Scale (CES-D) and stress with five items derived from Cohen's Perceived Stress Scale.

Results

Child's high-dose program viewing (>87 min/day) was associated with higher levels of concentration problems (B=1.10, p<0.001), hyperactivity and impulsivity (B=1.14, p<0.001), emotional internalizing (B=0.36, p=0.030) and externalizing symptoms (B=0.63, p=0.031). These associations, except for internalizing problems, remained significant even when adjusting for mother's depression or stress (in addition to socio-demographic factors). Interaction terms between maternal stress and child's program viewing on hyperactivity/impulsivity and externalizing symptoms were significant, indicating that child's program viewing was associated with these outcomes only when the mother was stressed.

Conclusions

Our results show a robust association between child's high-dose program viewing and higher levels of psychiatric symptoms over and above the effects of mother's depression or stress. However, the results also suggest that these associations might be especially pronounced among mothers with higher levels of stress.

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Ecophenotypes, the digital environment and epistemic trust

Abstract ID: 424

Symposium: S58 - Mentalizing in systems, organisations and society

Presenting author: Patrick Luyten, *KU Leuven Psychology Leuven, BELGIUM*

Background/Objective

Young people's social environment has dramatically changed over the past decades as a result of the massive increase in the role and importance of social media. As a result, compared to past generations, young people currently rely on very different epistemic networks, prone to fake news and collateral exposure to threatening and undermining content that they would not necessarily be exposed to in real-life interactions.

Method

A novel methodology and approach is needed for incorporating an understanding of risk and resilience in the digital world as part of the social environment around young people based on the notion of ecophenotypic variations in individuals' expression of Epistemic Trust, based on neurocomputational modelling and advanced longitudinal data-analytics.

Results

I will describe the development of such methodology, and the impacts of such variations on individual vulnerability in different sociocultural contexts, including the digital environment.

Conclusions

Characterising ecophenotypes as emerging through the interaction of the neurodiverse individual with SM niches promises not only to elucidate who is vulnerable to what, but to target niche toxicity (through public health interventions) and also individual vulnerability (through enhancing resilience), with a focus on facilitating optimal epistemic strategies balancing appropriate vigilance and openness.



Future orientation and anticipatory emotion regulation in adolescence during the Covid-19 pandemic: The role of psychopathology and contextual factors

Abstract ID: 426

Symposium: S38 - Looking ahead with the SIGMA-project: Investigating processes at different timescales to better understand adolescent psychopathological development

Presenting author: Anu Hiekkaranta, *KU Leuven Psychiatry Leuven, BELGIUM*

Background/Objective

In adolescence, people tend to believe that their future is likely to be more positive than negative, that is, they hold a positive future orientation. Most prior studies have focused on the far away future, with few studies investigating future orientation and future oriented behaviors in everyday life. Moreover, the pandemic changed the lives of adolescents worldwide, offering an opportunity to study future orientation in different societal contexts.

Method

In this study we use data collected via experience sampling method with adolescents during a strict

lockdown in Belgium and one year later, during less restrictive measures. With these datasets explore what kind of future events adolescents expect in daily life during the two phases of the pandemic. We also investigate adolescents' future orientation during the pandemic, as well as the role of psychopathology in their future orientation. Finally, we investigate the influence psychopathology and contextual factors in anticipatory emotion regulation.

Results

Preliminary results show that most of the time, the most important event of the upcoming day during lockdown fell into the categories: school/work, food (cooking or eating), sports, or watching TV.

Conclusions

Preliminary results suggest that, important future events in lockdown consist of equally large broader categories: voluntary and obligatory activities. We also expect to find that in general adolescents expect future events to be positive, that psychopathology is associated with less positive future orientation, more rumination and less sharing about future events. Further, we expect anticipatory emotion regulation to be associated with psychopathology and contextual factors.



Alterations in biological systems associated with the hypothalamus-pituitary-adrenal (HPA) axis among adolescents with nonsuicidal self-injury

Abstract ID: 427

Symposium: S95 - Challenges for mental health professionals

Presenting author: Corinna Reichl, *University of Bern Department of Child and Adolescent Psychiatry and Psychotherapy Bern, SWITZERLAND*

Background/Objective

There is evidence for alterations in HPA axis functioning among adolescents with NSSI compared to healthy controls (HC). Previous studies pointed to HPA axis functioning being increased, decreased or unaltered among adolescents with NSSI in dependence of the type of stressors and cortisol indices used. However, little is known about alterations in biological systems that are associated with the HPA axis.

Method

The talk will highlight findings from two studies combining the measurement of biological variables associated with the HPA axis and clinical interviews in clinical samples and HC.

Results

First, data will be presented showing no significant differences in pituitary gland volume (PGV) between adolescents with NSSI ($n = 35$) and age-matched HC ($n = 31$) but an interaction of group membership and age in the prediction of PGV. Second, non-significant differences in the methylation levels of exon 1F of the glucocorticoid receptor gene (NR3C1-1F) between adolescents with NSSI ($n = 67$) and HC ($n = 47$) will be shown. Further, contradictory to previous research, we did not find significant relations

between experiences of childhood adversity and methylation of the NR3C1-1F neither in the overall sample nor within groups.

Conclusions

To conclude, our data provide some preliminary evidence for alterations in pituitary maturation in adolescents engaging in NSSI, whereas we did not find associations of NSSI with epigenetic mechanisms.



Heritability of the avoidant/restrictive food intake disorder (ARFID) phenotype in 6- to-12-year-old Swedish twins

Abstract ID: 428

Symposium: S62 - An update on the aetiology, assessment, and clinical characteristics of avoidant and restrictive food intake disorder

Presenting author: Lisa Dinkler, *Karolinska Institutet Dept. of Medical Epidemiology and Biostatistics Stockholm, SWEDEN*

Background/Objective

Little is known about the aetiology of avoidant/restrictive food intake disorder (ARFID). Determining the extent to which genetic and environmental factors contribute to ARFID is a crucial first step in understanding its etiology, but no twin studies of ARFID exist yet. Validated screening instruments for ARFID are only starting to emerge and accordingly, few large-scale epidemiological data specifically collected to measure ARFID are available.

Method

We leverage the rich existing datasets of the Swedish Twin Registry to approximate the ARFID phenotype. We extracted all data relevant to ARFID from the Child and Adolescent Twin Study in Sweden, the National Patient Register and the Prescribed Drug Register, and developed an index to identify children with avoidant/restrictive eating and clinically significant impact of their eating behavior, but without body image concerns such as fear of weight gain.

Results

Using this index in our sample of 34,382 9- to 12-year-old children, we identified 694 children (2.0%, 39% female) who present with an ARFID-like phenotype. Prevalence and sex distribution are similar to those shown in previous studies. The best fitting univariate twin model was an AE model, with genetic factors (A) explaining 67% (95% confidence interval 58-75%) and non-shared environmental factors (E) explaining 33% (95% confidence interval 25%-42%) of the variance.

Conclusions

This study is the first to estimate the twin heritability of ARFID. The heritability of ARFID is high and ranges at the upper end of heritability estimates within the group of eating disorders. This suggests that future molecular genetic studies of ARFID are worth pursuing.

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Toddlers and preschoolers with trauma and attachment related symptoms

Abstract ID: 429

Symposium: S70 - Diagnostics and treatment of Children and Adolescents with Trauma Related Disorders

Presenting author: Frederike Scheper, Amsterdam UMC Child- and Adolescent Psychiatry Amsterdam, THE NETHERLANDS, MOC 't Kabouterhuis Infant Mental Health Amsterdam, THE NETHERLANDS

Background/Objective

Serious aberrant attachment and social behaviors in children have been found after exposure to social deprivation, maltreatment and neglect. Adverse child experiences can occur in home-reared children living with biological parents. However, disorders of attachment and social engagement have mainly been studied in children, reared in institutions and foster care.

Method

In a study examining 200 young children, referred for treatment of emotional and/or behavioral problems, inhibited attachment and disinhibited social engagement behaviors were assessed and related to pathogenic care and parental stress. Home-reared children were compared to children living in foster care. Furthermore, the course of disinhibited social engagement behavior was examined after treatment to examine persistence of this behavior and the relation to psychiatric disorders.

Results

Results showed that although inhibited attachment and disinhibited social engagement behaviors seemed to be clinically relevant in home-reared children, due to associations with child problem behavior and parenting stress, the behaviors were not unique to children with documented exposure to patterns of inadequate caregiving. Disinhibited social engagement behaviors were found to be relatively persistent over time and associated with ADHD (with or without ODD).

Conclusions

There could be multiple pathways to inhibited attachment and disinhibited social engagement behaviors. As serious emotional- and behavioral problems in early childhood and adverse child experiences are important risk factors for later psychiatric problems, early intervention is needed. A transdiagnostic approach is advocated, including temperament traits as well as family focus addressing the parent-child relation, parenting and stress related to social-emotional and/or behavioral problems in early childhood.



Sexual violence, assaults and misconduct by healthcare professionals - forms, frequencies, causes and the development of safeguarding measures

Abstract ID: 430

Symposium: S43 - Protecting patients from violence in medical institutions - the need for general safeguarding measures

Presenting author: Ulrike Hoffmann, *University Hospital Ulm Department for child and adolescent psychiatry/psychotherapy Ulm, GERMANY*

Background/Objective

Due to the consistent high prevalence of child abuse, it is very likely that health professionals will meet affected children and adolescents at some point in their working context. In addition to the help the health sector can provide for victims, medical facilities can also be scenes of child (sexual) abuse. Results of research indicate that prevalence is relatively high and that there are specific risk factors in medical institutions. These cases and risks have long been marginalized by institutions in the medical-therapeutic sector. To reduce these risk factors, it is necessary to implement safeguarding measures.

Method

In Germany, there are recommendations for elements of such safeguarding measures e.g. preventive elements, guidelines for the procedure in the case of an assault or a complaint system.

Results

Studies show that the implementation of such measures increases awareness for the protection of minors and can contribute to a more secure handling of cases. Since 2020, with the adoption of the quality management guidelines of the German Federal Joint Committee, all clinics and outpatient settings now have to face this issue and are obliged to develop safeguarding measures against (sexualized) violence.

Conclusions

Though safeguarding measures have to be specifically adapted to the clientele, structures, and procedures on site, institutions don't have to start from 'point zero', but can be supported in their implementation process by general guidelines, the experience and know-how of other institutions and

research results on the topic. Dissemination of such resources and information should be organized including a European perspective.

Co-authors:

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Experiences of adolescents with anorexia nervosa and their caregivers on the inpatient and outpatient treatment during COVID-19 confinement

Abstract ID: 431

Symposium: S61 - European perspectives on the impact of the COVID-19 pandemic on the development and course of eating disorders in youth

Presenting author: Michael Zeiler, Medical University of Vienna Department for Child and Adolescent Psychiatry Vienna, AUSTRIA

Background/Objective

COVID-19 confinement measures had major impact on the routine care of adolescents with anorexia nervosa (AN), including visiting and exit restrictions in the inpatient setting and transition to remote therapy for outpatients.

Method

We conducted semi-structured interviews with adolescent patients with AN (N=13, 13-18 years) receiving inpatient or outpatient treatment and their parents (N=10) in Austria. Main topics addressed were the impact of confinement on treatment, everyday life and eating disorder symptoms. We used a thematic analysis approach to identify common themes and patterns of meanings.

Results

While acceptance of remote therapy was high among patients, their parents expressed reservations about reduced face-to-face therapy. This resulted in increased controlling behavior among parents. Sometimes, regular weight checks were made the responsibility of the patients or parents, which triggered eating disorder related cognitions. In the inpatient setting, visiting and exit restrictions were experienced as burdensome (“feeling of being imprisoned”). Alternating treatment staff made it hard for the patients to build relationships with the therapists. However, it also allowed to gain new perspectives and check out new therapeutic approaches. Generally, patients reported on reduced motivation to work on recovery and parents pointed to the fact that they were less involved in the treatment process. Feeling less stressed, “slowing down” and more intensive family time were associated with better treatment outcomes.

Conclusions

Implications of this study include the importance of improved communication between therapists,

patients and parents, strong focus on strengthening treatment motivation and the need for performing regular weight checks together with the therapist.

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THE IMPORTANCE OF CLINICIANS' AND PARENTS' AWARENESS OF SUICIDAL BEHAVIOUR IN ADOLESCENTS REACHING THE UPPER AGE LIMIT OF THEIR MENTAL HEALTH SERVICES IN EUROPE

Abstract ID: 434

Symposium: S60 - Findings from the Milestone Project: A European Study on Transition from Child to Adult Mental Health Care

Presenting author: Giovanni de Girolamo for the MILESTONE consortium, IRCCS Fatebenefratelli UOPEV Brescia, ITALY

Background/Objective

Suicidal behaviour is a public health concern with death by suicide being the fourth leading cause of death among young people. The divide between Child and Adolescent Mental Healthcare Services (CAMHS) and Adult Mental Healthcare Services (AMHS) may be a barrier to the continuity of appropriate treatment for young people with suicidal ideations/behaviour. The clinician's awareness of suicidal behaviour may influence the clinician's decision to refer a young person to AMHS and potentially impacts long-term mental health of young people.

Method

We assessed the association between clinicians' and parents' awareness of suicidal behaviour in 763 adolescents reaching the upper age limit of their Child and Adolescent Mental Health Service (CAMHS) in Europe and mental health indicators, transition recommendations and mental health service (MHS)

use. Multi-informant and standardised assessment tools were used. ANCOVA's and pairwise comparisons were conducted to assess relationships between clinician's and parents' awareness of young people's suicidal behaviour, clinician's recommendations to continue treatment and MHS use at nine months follow-up.

Results

53.5% of clinicians and 56.9% of parents were unaware of young people's self-reported suicidal behaviour. Although this unawareness was associated with a lower proportion of receiving a recommendation to continue treatment (respectively 80% and 72% less), it was not associated with lower proportions of MHS use at follow-up.

Conclusions

Clinicians and parents are often unaware of suicidal behaviour, which decreases the likelihood of a recommendation to continue treatment but does not seem to affect young people's MHS use or their mental health problems.



Safety of second generation antipsychotics in developmental psychiatric disorders: what update?

Abstract ID: 435

Symposium: S48 - IMPROVING THE EFFECTIVENESS OF ANTIPSYCHOTIC DRUGS IN CHILDREN WITH NEURODEVELOPMENTAL DISORDERS: ADVERSE EFFECTS AND QUALITY OF LIFE

Presenting author: MARIA PIA RICCIO, UNIVERSITÀ FEDERICO II DI NAPOLI DEPARTMENT OF TRANSLATIONAL MEDICAL SCIENCE - CHILD AND ADOLESCENT NEUROPSYCHIATRY NAPLES, ITALY

Background/Objective

The use of second generation antipsychotics (SGAs) increased substantially during the past decade, also for treating juvenile psychiatric disorders. However, risk profiles of SGAs in the paediatric population constitute a challenge for the scientific community. The contribution aims to update the knowledge about safety profiles of SGA in the paediatric population affected by developmental psychiatric conditions, in particular Autism Spectrum Disorders (ASD).

Method

An analyses of relevant papers published on principal databases from January 2011 to January 2022 is conducted. We included papers focused on oral antipsychotic drugs (on- and off-label), in paediatric population, with particular regard to ASD patients. A qualitative synthesis of sides effects and safety in children and adolescent treated with a SGA is reported.

Results

Safety profiles could be different depending on the SGAs. Metabolic syndrome or symptoms due to metabolic adverse event are the most frequent and troublesome.

Conclusions

Metabolic, endocrinological and cardiovascular side effects needs to be attentioned in pediatric population. Strategies of an active monitoring, for a possible prevention, early detection, and a timely management of such effects, need to be implemented.

Co-authors:

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Executive functioning as a predictor of treatment completion and responsiveness in children and adolescents with PTSD

Abstract ID: 438

Symposium: S70 - Diagnostics and treatment of Children and Adolescents with Trauma Related Disorders

Presenting author: Rosanne op den Kelder, *University of Amsterdam Research Institute of Child Development and Education Amsterdam, THE NETHERLANDS, Levvel Academic Center for Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Previous research showed that trauma-exposed youth have lower levels of executive functioning. In this study we tested whether executive functioning predicts completion of and responsiveness to trauma treatment for children with PTSD aged 8-18 years old.

Method

Our sample consisted of 102 treatment-seeking children (64 girls) with a mean age of 12.8 years old. We used the Behavior Rating Inventory for Executive Functioning (BRIEF) and four neuropsychological tasks (Stroop task, Stop task, Gender-Emotion Switch task, and a working memory task) to measure executive functioning.

Results

None of our executive functioning measures showed a significant association with either treatment completion or treatment responsiveness.

Conclusions

Our results indicated that in contrast with research among adults with PTSD, executive functioning may not be a robust predictor of treatment completion and responsiveness in children with PTSD. Future

research should aim to replicate our findings but should also focus on other factors that might influence treatment completion and responsiveness.

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An ecological momentary compassion-focused intervention for enhancing resilience in help-seeking youths

Abstract ID: 439

Symposium: S55 - Transdiagnostic ecological momentary interventions targeting specific constructs aimed at improving youth mental health.

Presenting author: Anita Schick, *Central Institute of Mental Health Public Mental Health Mannheim, GERMANY*

Background/Objective

Elevated stress sensitivity is one of the most widely studied psychological mechanisms underlying psychotic and affective mental health problems. Thus, targeting stress sensitivity is a promising strategy for preventing adverse outcomes later in life. Compassion-focused interventions offer therapeutic techniques for targeting stress sensitivity. What is more, the recent advances in digital mental health provide a unique opportunity to deliver ecological momentary interventions that are tailored to state, moment and context in daily life. We aim to investigate the efficacy and clinical feasibility of the EMIcompass intervention in youth with early mental health problems.

Method

In an exploratory RCT, help-seeking youth aged 14-25 with current distress, a broad Clinical High At Risk Mental State or a first episode of severe mental disorder will be randomly allocated to the EMIcompass intervention in addition to treatment as usual (TAU) or TAU only. Data on psychological distress (primary outcome), stress sensitivity (candidate mechanism) and secondary outcomes (e.g. general psychopathology, resilience) will be assessed at baseline, post-intervention and 4-week follow-up.

Results

Findings from an uncontrolled pilot study showed a reduction in stress sensitivity, momentary negative affect and psychotic experiences as well as increased positive affect and reduced symptom levels at post-intervention and 4-week follow-up.

Conclusions

The current study will be the first to test the feasibility and initial signals of efficacy of EMIcompass in youth with early mental health problems. It has the potential to inform definite RCTs and advance prevention and early intervention.

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Diagnostic Overshadowing and Co-Morbidities: The Challenge of Developmental, Behavioral, Emotional and Mental Health (DBEM) Disorders in Early Childhood

Abstract ID: 440

Symposium: S104 - Developmental disorders

Presenting author: Joyce Harrison , Kennedy Krieger Institute Psychiatry Baltimore, UNITED STATES, Johns Hopkins University School of Medicine Pediatrics Baltimore, UNITED STATES

Background/Objective

Background In the United States, 17% of children have a disability and another 10-20% have a disorder of behavioral, emotional or mental health. A severe workforce shortage in consultants specializing in DBEM care has increased the burden of identifying these disorders on pediatric primary care clinicians (PPCCs), who report being under prepared to manage these conditions. In response to this crisis, new strategies have been established to improve access to early childhood consultants. Objective To report the frequency of diagnostic overshadow comorbidity of early childhood DBEM disorders presented to consultants in child development and child and adolescent psychiatry in 3 different consultant venues; a PPCC to specialist phone consultation program, a multidisciplinary developmental consultation clinic,

and a PPCC to specialists consultation using the extension community healthcare outcome (ECHO)model.

Method

Cases from three venues were reviewed (100 phone consultations, 101 multidisciplinary clinic, 85 ECHO consultations) to evaluate the frequency of comorbid DBEM conditions in early childhood consultations for concerns about development or behavior.

Results

Behavioral disorders were often the initial complaint for which consultation was sought. However, underlying developmental or trauma related disorders were suspected or identified in 52-71% of cases for which behavior was the presenting concern. Co-morbid DBEM disorders were identified or suspected in 52-76% of all cases, irrespective of the presenting concern.

Conclusions

Diagnostic overshadowing and comorbid DBEM disorders are very common in early childhood cases seeking consultation with specialists.

Co-authors:

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Pupillometric measures of locus coeruleus-norepinephrine activity explain altered gaze preferences in preschoolers with autism spectrum disorder

Abstract ID: 441

Symposium: S59 - Attention in children with autism spectrum disorders

Presenting author: Christine M. Freitag, University Hospital Frankfurt, Goethe University Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Frankfurt, GERMANY

Background/Objective

Attenuated social attention has been established as a predictor of autism spectrum disorder (ASD) by attenuated social motion preference. The Locus Coeruleus-Norepinephrine (LC-NE) system modulates sensory processing and might be a promising underlying mechanism.

Method

We applied pupillometry via video-based eye tracking in young children (18-65 months) with ASD (n=57) and typically developing (TD) children (n=39) during a changing light condition paradigm and a preferential looking paradigm of competing social and geometric motion.

Results

We found an attenuated social motion preference in the ASD compared to the TD group. This was is

accompanied by pupillometry findings in the ASD group of a reduced luminance-adaptation pupillary response (LAPR) to dark light conditions, a smaller stimulus-evoked pupillary response (SEPR) to social motion, and a larger SEPR to geometric motion. SEPR to geometric ($\beta=-0.259$, 95% CI: -0.305 – -0.216) and social motion ($\beta=0.347$, 95% CI: 0.304 – 0.392) predicted social motion preference (marginal $R^2=0.3$). An ASD diagnosis was predicted by social motion preference ($\beta=1.71$, 95% CI: 1.092 – 2.442, adjusted $R^2=.486$), which was mediated by the inclusion of SEPR to geometric ($\beta=-2.319$, 95% CI: -4.331 – -0.779) and social motion ($\beta=1.851$, 95% CI: 0.239 – 3.9, adjusted $R^2=0.626$).

Conclusions

Our findings support altered pupillary response in preschool children with ASD across different stimuli and suggests a different sensory reactivity that contributes to an attenuated social motion preference. The LC-NE system is supported as a promising underlying mechanism that should be explored as an early diagnostic biomarker in future studies.

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Family Based Treatment in a tertiary treatment center for eating disorders: not for everybody

Abstract ID: 442

Symposium: S99 - Eating disorders

Presenting author: Christien Schilder, *Altrecht Mental Health Eating Disorders Rintveld Zeist, THE NETHERLANDS*

Background/Objective

Family Based Treatment (FBT) is the treatment of choice in anorexia and bulimia nervosa in youngsters, but little is known about which patients can benefit most from FBT. At Rintveld, with its nationwide catchment area and many tertiary referrals, we introduced FBT in 2018. In a naturalistic study, we looked at the numbers of patients for whom we recommended FBT, and at factors that influenced the choice for FBT.

Method

From October 2019 to December 2020, 116 youngsters (age 10-18 yrs) were diagnosed with AN, BN,

OSFED or UFED and proceeded with treatment. We evaluated the influence of age, severity of the disorder, previous treatments, family-related factors and co-morbidity on the recommendation for FBT.

Results

About 50% of the patients received FBT. Patients being treated with FBT were younger (mean age 14,5 yrs versus 15,3 yrs), but there were no differences in the severity of the eating disorder (i.e. duration, BMI Z-score, previous hospitalization). A divorce of parents, or problems in the parent-child relationship had no influence on the choice for FBT. FBT was less often indicated in case of an established or presumed developmental disorder such as autism (31% versus 69%), or if patients had previously received (psychological) treatment for the eating disorder (38% versus 62%).

Conclusions

At Rintveld, a specialized treatment center with many tertiary referrals, FBT is considered suitable for half of the patients. Especially in case of a (probable) developmental disorder, or if previous treatment failed, therapists chose less often for FBT.

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The Impact of Daily Hardships and Trauma on the Mental Health of Unaccompanied Refugee Minors detained in Libya

Abstract ID: 443

Symposium: S68 - Psychological distress and psychosocial care of unaccompanied refugee minors: The impact of trauma, flight and daily stressors on the mental health of young refugees and the quality of life and transcultural competencies of professionals 6 years after the great wave of refugees in Europe.

Presenting author: Elisa Pfeiffer, *University Ulm Clinic for Child and Adolescent Psychiatry/ Psychotherapy Ulm, GERMANY*

Background/Objective

The high trauma load and prevalence rates of mental health problems of unaccompanied refugee minors (URMs) who resettled in western countries is well documented. The lack of studies investigating the potentially most vulnerable population, URMs who are currently on the move in transit countries such as Libya, is alarming. Hence, this study aims at documenting the mental health problems of URMs in detention in Libya and how these are associated with trauma, flight, and daily stressors.

Method

In this cross-sectional multisite study, N=99 URMs (94.9% male) were included in four detention centers around Tripoli. Participants were assessed via standardized questionnaires in an interview format.

Results

Participants reported high rates of trauma across all events and time points, especially in the current host country Libya. Reports of daily stressors ranged between 40-95% for basic needs and 27-80% for social needs. More social needs were associated with more anxiety ($\beta=0.59$; $p=0.028$). More pre-migration ($\beta=0.10$; $p=0.061$) and peri-migration trauma ($\beta=0.16$; $p=0.017$) were associated with depression. Similarly, more pre-migration trauma was associated with higher levels of PTSD ($\beta=0.17$; $p=0.010$).

Conclusions

The rates of reported daily stressors and trauma are alarming and dramatically higher compared with URM in asylum centers in Europe. This vulnerable population is severely threatened in their emotional, social, and cognitive development on the short and long run. This report exposes some of the most detrimental effects that policies, to contrast unauthorized migration to Europe, can generate on URM transiting in Libya.

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Preventing enduring behaviour problems in at-risk children aged 12-36 months using a video-feedback parenting intervention

Abstract ID: 444

Symposium: S67 - Findings from a pragmatic randomised controlled trial of a video-feedback intervention: Improving outcomes for young children

Presenting author: Paul Ramchandani, *University of Cambridge Play in Education, Development, and Learning (PEDAL) Research Centre Cambridge, UNITED KINGDOM, Imperial College London Division of Psychiatry London, UNITED KINGDOM*

Background/Objective

Behaviour problems often emerge in early childhood, affecting 5-10% of children. These difficulties can undermine children's health, educational, and social outcomes across their life course. However, there are very few effective early psychological interventions available. The Healthy Start, Happy Start study aimed to test the effectiveness of a parenting intervention (Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline; VIPP-SD) in reducing child behaviour problems when delivered in a routine health service context in the NHS, UK.

Method

This study was a pragmatic, multisite, two-arm randomised controlled trial. Participants were 300

children aged 12-36 months who demonstrated elevated behaviour problems on the Strengths and Difficulties Questionnaire (SDQ) at screening and their caregivers. Participating caregivers were randomised to receive VIPP-SD or usual care. Child behaviour was measured using a semi-structured parental interview (Preschool Parental Account of Children's Symptoms; PPACS) and questionnaires.

Results

Among 300 participating children (54% boys; mean age [SD]: 23.0 [6.7] months), there was a mean difference in the total PPACS score of 2.03 (95% CI, 0.06-4.01; $p = .04$; $d = 0.20$) post-intervention, with evidence of a sustained effect favouring the VIPP-SD group (difference: 1.73; 95% CI, -0.24-3.71; $p = .08$; $d = 0.17$) at the 24-month follow-up. Other child behaviour outcomes showed similar evidence favouring VIPP-SD.

Conclusions

Early intervention represents a key opportunity to promote positive developmental outcomes in young children. This trial provides robust evidence that VIPP-SD is effective in reducing behaviour problems in young children when delivered by health visiting teams.

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BASE - Building Mental Health Across Lifespan - E-learning to empower Primary Care Providers

Abstract ID: 445

Symposium: S52 - Preservation of mental health in minors - Determinants and online approaches

Presenting author: Katharina Grau, University Hospital Child and Adolescent Psychiatry and Psychotherapy Ulm, GERMANY

Background/Objective

Preventive measures in child protection can be applied to various sectors of the health care system. In primary care, general practitioners as family physicians play a key role in child protection and thus also in the prevention of mental illness. This topic, as well as other psychosocial issues, often leads to uncertainties among the practitioners and requires sufficient knowledge and skills for a targeted communication with the affected families. The aim is therefore to develop an online curriculum for general practitioners on psychosocial problems with a focus on child welfare risks.

Method

Prior to the development of the e-learning curriculum, a quantitative needs assessment was carried out by means of an online survey. Physicians working in primary care (n= 117) were surveyed. One focus was on the topic of child endangerment.

Results

The preliminary results indicate that there is uncertainty among the survey participants regarding the issue of child welfare risks. The majority of the interviewees stated that they had rarely been confronted with child endangerment and adverse childhood experiences. Uncertainties also exist with regard to the legal framework concerning child protection.

Conclusions

The continuing education and further training of general practitioners on child protection issues appears necessary in order to increase their knowledge of child welfare risks and to make them more confident in dealing with potential threats to children's well-being. The e-learning curriculum on psychosocial topics will address this issue and can contribute to improving the quality of care and prevention.

Co-authors:

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Personality structure of children and adolescents assessed with age-specific questionnaires for the OPD-CA2 concept: Comparison of self and parent report and relation to psychopathology in clinic and school populations

Abstract ID: 446

Symposium: S34 - Early detection of Personality Disorders and Personality Difficulties by assessing impairments in Personality functioning (Criterion A) in self and informant report

Presenting author: Lea Sarrar, MSB Medical School Berlin Department of Psychology Berlin, GERMANY

Background/Objective

The availability of a healthy personality structure proves to be highly relevant for the regulation of intrapsychic well-being and interpersonal relationships. The conceptualization of this psychodynamic construct shows a clear parallel to the dimensional classification of personality disorders according to the alternative model of DSM-5 (APA, 2013).

Method

172 children/adolescents of a school sample and 111 children/adolescents of a clinical sample (Mage = 12.1, SD = 3.7) and their parents participated. Personality structure was assessed with the structural questionnaire of the Operationalized Psychodynamic Diagnostic in Childhood and Adolescence (OPD-CA2-SQ; Goth, Schrobildgen & Schmeck, 2018). The inventory was adapted for parent report (OPD-CA2-SQ Parent).

Results

First results show a scale reliability Cronbach's alpha of the OPD-CA2-SQ Parent of .97 for the total scale and .90, .90, .90, and .85 for the main scales Control, Identity, Interpersonality, and Attachment, respectively. The scales showed a very high intercorrelation of $r = .75$ to $.88$. Mean scores in the overall scale differed highly significantly ($p = .000$) and with a large effect size ($d = 2.2$ SD) between patients with diagnosed personality disorders ($N = 22$; $M = 89.6$, $SD = 35.6$) and the school sample ($N = 172$; $M = 35.6$, $SD = 22.9$).

Conclusions

The findings indicate a successful assessment of the overall construct "personality disorder pathology". Furthermore, it is shown that a good clinical validity can be expected for the OPD-CA2-SQ Parent. Implications regarding the clinical utility will be presented. Additional findings on child/adolescent self-reports and comparison to parent reports will be reported.

Co-authors:

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Unravelling the neurobiology of anorexia nervosa: the predictive value of neuroimaging measures on the differential course of anorexia nervosa and identifying the underlying brain networks

Abstract ID: 447

Symposium: S20 - Building bridges: the epidemiology of eating disorder symptomatology in childhood and its neurobiological correlates.

Presenting author: Katrien Bracké, Erasmus MC Child and Adolescent Psychiatry Rotterdam, THE NETHERLANDS

Background/Objective

Anorexia nervosa (AN) is a severe psychiatric disorder associated with global decreases in brain volumes during the acute illness phase. Previous studies have found these decreases often resolve upon renutrition while anorectic thoughts partially remain, suggesting that AN key symptoms are partially encoded in specific functional brain networks. To date it is still unclear whether functional and structural brain alterations during acute illness are associated with the clinical course.

Method

In this study we aimed to systematically review the predictive value of both structural and functional MRI-measures on the clinical course of AN. In total, 346 patients diagnosed with AN, and 270 controls were included (13 studies: adults: n=8, adolescents: n=4, both: n=1). Follow-up time ranged between 1-43 months. Furthermore, we investigated functional MRI brain resting state connectivity in a clinical case-control sample of adolescents with first-onset AN (N=79) compared to gender-, age- and education-matched healthy controls (n=75).

Results

Several structural and functional brain regions were identified as regions of interest predicting the clinical outcome of AN. Lower gyrification and decreased gray and white matter volume at baseline predicted lower follow-up body mass index (BMI). Functional MRI studies showed that frontal cortex activity predicted follow-up BMI. The results of the clinical case-control study will be presented at the symposium.

Conclusions

Neuroimaging measures may predict the clinical outcome in AN patients. However, there is a lack of replication studies; future studies have to validate the prognostic utility of neuroimaging measures. Identifying brain networks implicated in AN will improve our understanding of the underlying neurobiology.

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GUT MICROBIOME ALTERATIONS IN ANOREXIA NERVOSA DO NOT NORMALIZE AFTER SHORT-TERM WEIGHT RESTORATION

Abstract ID: 449

Symposium: S71 - The microbiome-gut-brain axis in Anorexia nervosa

Presenting author: Jochen Seitz, *University Hospital, RWTH Aachen Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics Aachen, GERMANY*

Background/Objective

Gut microbiota are linked to body weight regulation, metabolic function, and brain and behavioral changes. Alteration of gut microbiota have been repeatedly demonstrated in adults with anorexia nervosa (AN) and transplantation of stool from adult patients with AN reduces weight gain, food consumption and food efficiency in germ-free mice. No similar research data are available for adolescents, who might differ from adults due to their shorter duration of illness.

Method

19 adolescent patients with AN at admission and discharge were included in a longitudinal study and compared to 20 healthy controls (HC). DNA was extracted from fecal samples and subjected to 16S rRNA gene sequencing and analysis.

Results

Alpha diversity was increased in AN after short-term weight recovery, while beta diversity showed clear group differences with HC before and after weight gain. Less Romboutsia and taxa belonging to Enterobacteriaceae at both timepoints and more taxa belonging to Lachnospiraceae at discharge were most indicative of patients. Abundance of Lachnospiraceae at admission helped to predict shorter therapy duration.

Conclusions

This study provides evidence of gut microbiome alterations in adolescent patients with AN that did not normalize with weight gain. Microbiome changes thus represent more than an epiphenomenon of reduced nutritional input or low weight, further supporting a possible causal role at least in maintaining the disease. The predictive power of taxa belonging to Lachnospiraceae for clinical outcome could complement known predictors at admission, help to inform clinicians and serve as a target for nutritional interventions such as probiotic supplementation.

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Testing the Ecophenotype Model: Cortical Structure Alterations in Conduct Disorder With Versus Without Childhood Maltreatment

Abstract ID: 450

Symposium: S64 - Callous unemotional and other conduct disorder related traits: Underlying neurobiology

Presenting author: Marlene Staginnus, *University of Bath Department of Psychology Bath, UNITED KINGDOM*

Background/Objective

Childhood maltreatment is common in youths with Conduct Disorder (CD) and is independently associated with neuroanatomical alterations. Nonetheless, our understanding of the contribution of maltreatment to the structural alterations observed in CD remains limited. We tested the applicability of the ‘ecophenotype’ model to CD, which holds that maltreatment-related psychopathology is (neurobiologically) distinct from psychopathology without maltreatment.

Method

Surface-based morphometry was used to investigate cortical volume, thickness, surface area and folding in a mixed-sex sample of CD participants (n=114) and healthy controls (n=146), aged 9–18 years. Using vertex-wise general linear models adjusted for sex, age, total intracranial volume, and site, controls were compared with the overall CD group, and the CD subgroups with (n=49) versus without (n=65) maltreatment (assessed by the Children’s Bad Experiences interview). These subgroups were also directly compared.

Results

The overall CD group showed lower cortical thickness in the right inferior frontal gyrus. Maltreated CD youths showed more widespread structural alterations relative to controls, comprising lower thickness, volume and folding in inferior and middle frontal regions. Conversely, non-maltreated CD youths only showed greater left superior temporal gyrus folding relative to controls. Contrasting the CD subgroups, those with maltreatment displayed lower right superior temporal gyrus volume, right precentral gyrus surface area, and lower folding in frontal, temporal, and parietal regions.

Conclusions

Consistent with the ‘ecophenotype’ model, findings indicated that CD youths with versus without maltreatment differ neurobiologically. This highlights the importance of considering maltreatment history when studying the underlying neurobiology of CD and other psychiatric disorders.

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The role of childhood adversity and threat anticipation in the development of psychopathology in adolescence

Abstract ID: 451

Symposium: S38 - Looking ahead with the SIGMA-project: Investigating processes at different timescales to better understand adolescent psychopathological development

Presenting author: *Isabell Paetzold, Central Institute of Mental Health Public Mental Health Mannheim, GERMANY*

Background/Objective

Converging evidence identified childhood adversity as a risk factor for psychopathology. Findings in adults suggests that threat anticipation, i.e., an enhanced anticipation of unpleasant events creating an enduring sense of threat, may be a putative mechanism linking childhood adversity to psychopathology. To date, an indirect effect via pathways through threat anticipation has not been yet examined in adolescents as a priority target population for prevention and early intervention. The current study therefore aimed to test indirect effects of childhood adversity on psychopathology via threat anticipation in a large community sample of adolescents in Belgium.

Method

We measured childhood adversity (i.e., childhood trauma and bullying victimization), threat anticipation, and psychopathological symptoms (i.e., general psychopathology and prodromal psychotic symptoms) in N = 1,682 adolescents aged 12-16 years in wave I of the SIGMA study.

Results

There was strong evidence for associations of childhood adversity (e.g. for childhood trauma, adj. β ($a\beta$) = 0.54, $p < .001$) and threat anticipation (e.g. $a\beta$ = 0.36, $p < .001$) with psychopathological

symptoms. Moreover, we found evidence for indirect effects of childhood adversity on psychopathological symptoms via pathways through threat anticipation (e.g. for childhood trauma, β indirect effect = 0.13, $p < .001$).

Conclusions

Taken together, our findings underscore the relevance of threat anticipation as putative transdiagnostic mechanism linking childhood adversity with psychopathological symptoms in adolescents. It may therefore be a potential transdiagnostic target mechanism for prevention and early intervention.

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Antipsychotics in the treatment of pediatric tic disorders

Abstract ID: 453

Symposium: S48 - IMPROVING THE EFFECTIVENESS OF ANTIPSYCHOTIC DRUGS IN CHILDREN WITH NEURODEVELOPMENTAL DISORDERS: ADVERSE EFFECTS AND QUALITY OF LIFE

Presenting author: Peter Nagy, Bethesda Children's Hospital Division of Neurodevelopmental Disorders Budapest, HUNGARY

Background/Objective

Although currently, there is no known definitive cure for tics in children, there are medications that can alleviate the symptoms, and antipsychotics are a common first choice.

Method

The most recent guidelines and relevant papers since the completion of the guidelines have been reviewed for data about and recommendations regarding the use of antipsychotics in the treatment of pediatric tic disorders.

Results

Several antipsychotics have been shown to be effective in reducing tics in children. For some agents, data from randomized controlled trials are lacking, but still appear to be rather commonly used by clinicians. The use of first-generation antipsychotics has been largely replaced by later-generation agents. Although clinicians usually prefer certain drugs over others, the relative efficacy of antipsychotics in pediatric tic disorders cannot be determined. While effective, antipsychotics may have side effects.

Conclusions

The use of antipsychotics in pediatric tic disorders is supported by evidence and consequently, recent guidelines. Clinicians should make sure to carefully monitor the effects and side effects, and always be aware of the established beneficial effects of behavioral approaches.



Decentralisation and community based mental healthcare across Europe

Abstract ID: 455

Symposium: S103 - Decentralisation and community based mental healthcare across Europe

Presenting author: Bram Dierckx (chair), Erasmus Medical Center Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS

Background/Objective

Systems of care are continuously under review. For the organisation of child and adolescent mental healthcare, multiple countries show a shift towards decentralisation and a community based approach. In the Netherlands, responsibility for funding and organisation of youth care was transferred from the state to municipalities through implementation of the Youth Act in 2015. In Switzerland and France, mental healthcare has since long been a regional responsibility. In this clinical perspective, experts from these three countries will present their views on the merits and drawbacks of the healthcare system in their country, with a focus on decentralised and community based care. In addition to these broad perspectives, there will also be a presentation of the results of a study that looked into the effects of the Dutch Youth Act on “demedicalisation”, one of the Act’s main goals. The aim of this session is to learn from and exchange views on different organisational approaches, through insightful presentations and lively discussion.

Method

The expert perspectives are based on sources such as scientific literature, health statistics, historical fact, and clinical experience. The study on demedicalisation analysed prescription data of antipsychotic medication from a large Dutch community pharmacy-based prescription database.

Results

Results are not applicable for the expert perspectives. Changes in prevalence and incidence rates of antipsychotic drug use among Dutch children differed among the various subgroups (based on age and gender).

Conclusions

We hope that the presentations and subsequent discussion will give everyone in attendance new insights into different systems of care across Europe.

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The Perspective of Young Project Advisors on the MILESTONE Findings

Abstract ID: 458

Symposium: S60 - Findings from the Milestone Project: A European Study on Transition from Child to Adult Mental Health Care

Presenting author: Amanda Tuffrey, Warwick Health & Social Sciences Warwick, UNITED KINGDOM

Background/Objective

We are young project advisors to the MILESTONE study, bringing expert by experience perspectives to the research including the different workstreams.

Method

Our role consisted of attending meetings, consultation on research methods, interventions and findings, as well as plans to retain participants within the study, speaking at conferences about our role as well as our personal transitional experiences. We also were involved in the recruitment of the second wave of young project advisors.

Results

The MILESTONE showed a lot of young people remain in CAMHS past 18 years, which raises key questions about whether they had been unable to transition. Were there service gaps for the 18+ age group? In our experiences some young people fall into gaps between services, leading to avoidable

deterioration within their mental health. Quite a number of young people were on medication and had good continuity of care, highlighting the importance of management of medication across the transition boundary.

Conclusions

Young people's perspectives on research findings are crucial in bringing to life statistics, connecting the research to real lived experiences and giving participants one loud clear voice, ultimately leading to service transformation. Without involving young people in the conversations, planning and logistics around transitions to adult services, their care and managed transition can never put the young people in control of their treatment plans. Not understanding the full true picture of the life of young people will lead to poorer transition experiences and falling between the care gap.



Adolescents at risk for ICD-11 defined personality disorder: Investigating risk markers for early intervention in a community sample of Lithuanian adolescents

Abstract ID: 459

Symposium: S98 - Risk factors for personality disorders

Presenting author: Rasa Barkauskienė, Vilnius University Institute of Psychology Vilnius, LITHUANIA

Background/Objective

The new model of personality disorder (PD) in ICD-11 allows its detection in an early stage during adolescence. This has been established as a promising strategy for early intervention leading to the potential success of treatment of lifelong PDs. The present study aims at identifying a group of adolescents at risk for PD and investigating their profile of potential risk markers for poor prognosis of personality impairment.

Method

The study included 834 adolescents (12-18 years) from urban and rural areas across Lithuania. The culture-adapted and standardized screening measure of the level of personality functioning (LoPF-Q 12-18; Goth et al, 2018) was used to identify the PD-risk group. Several categories of risk markers (based on Hutsebaut & Aleva, 2021) were investigated and compared to non-risk adolescents.

Results

The results showed that 16.8% (N=140) of adolescents in the population sample endorsed their difficulties in personality functioning (≥ 2 SD from population mean). Membership in this group was not related to age but to gender (87.9% were females). Compared to the non-risk group, adolescents with PD-risk reported higher levels of early adversity, symptoms in internalizing and externalizing domains and maladaptive personality traits, more pronounced disturbances in mentalizing and psychosocial functioning. In addition, their current interpersonal context involved peer victimization and poor relationship quality with parents and friends but not romantic partners.

Conclusions

The findings signify the complex potential risk profile of adolescents with self-reported impairments in personality functioning which may form the basis for the early assessment and treatment indications in young people with (emerging) PDs.

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Gut-brain axis in child psychiatry - aetiology, probiotics treatment, and well-being

Abstract ID: 460

Symposium: S71 - The microbiome-gut-brain axis in Anorexia nervosa

Presenting author: Andreas Karwautz, *Medical Univ Vienna Child & Adolescent Psychiatry, EDU Vienna, AUSTRIA*

Background/Objective

Lambregts-Rommelse and Hebebrand (2017) pointed recently to research on the microbiota and brain-gut axis as the most promising field of insight into the aetiology of child psychiatric disorders.

Method

We will present a brief introductory review on the current state of research on the relevance of gut-microbiota for child mental health with particular focus on eating disorders, and anorexia nervosa, and also the potential influence of the administration of probiotics on well-being and psychiatric disorders which builds the basis for a European research project funded by the EC.

Results

Gut microbiota are altered in acute anorexia nervosa, depression, anxiety disorders, ADHD, and autism. The administration of probiotics positively influences well-being in healthy people and those suffering psychiatric disorders. We will further present the innovative ERA-Net Neuron 2018 funded study: „Microbiome Gut-Brain in Anorexia Nervosa (MIGBAN)“ currently performed at Vienna General Hospital and other European partner institutions. This includes a placebo-controlled RCT using probiotics in anorexia nervosa investigating the changes in clinical state, BMI but also psychiatric comorbidity and quality of life and include functional and structural MRI measures as well as neuropsychology.

Conclusions

Microbiota research and the clarification of the role of the gut-brain axis is a promising way to get more insight into the widely unknown aetiopathogenesis of the eating disorders using this newly applied paradigm.

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AI classification on video data with post-hoc skeletal tracking to identify stereotypic behavior in autism

Abstract ID: 463

Symposium: S46 - The promise of digital phenotyping to provide a better characterization of behavior in children and adolescents with autism spectrum disorders

Presenting author: Christian Lemler, *University Hospital Frankfurt - Goethe University Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Frankfurt, GERMANY*

Background/Objective

In clinical practice, high variances have been found when coding autistic behaviors (Kamp-Becker et al., 2018). Even after extensive training to achieve reliability criteria in the research context, inter-rater agreement for individual items (e.g., mannerisms) may diverge (Carruthers et al., 2021). To date, artificial intelligence (AI) has been applied predominantly to simple structured videos of ASD behavioral observations (de Belen et al., 2020). Initial analyses of larger amounts of video data show promising results (Kojovic et al., 2021). Computer-based classification of mannerisms from ASD behavioral observations has not yet been done.

Method

In the multicenter, DFG-funded, randomized-controlled effectiveness study for the Frankfurt Early Intervention Program (A-FFIP), approximately 2,000 videos with a length between 12 and 90 minutes will be recorded (Kitzerow et al., 2020). Selected features will be extracted from a subsample using validated open-source AI algorithms (OpenPose). The data are then classified using AI algorithms (e.g., recurrent neural networks (RNN) with long short-term memory (LSTM)). In a further step, the classifications are evaluated based on an established coding scheme. We hypothesize that trained automated coding will achieve human coding accuracy in independent test data. Overall, the use of computer-based coding could help increase the sensitivity of evaluating ASD interventions.

Results

Initial models achieved 82.5% accuracy in classification of mannerisms (precision: 86.2%, F1 score: 87.7%).

Conclusions

Preliminary data shows that machine-learning based classification of mannerisms might be a promising method to achieve objective diagnostics in future clinical practice.

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Could the stereotypes level be used to differentiate the clinical manifestation of autism: Ankara University Autism Biobank Preliminary Data

Abstract ID: 465

Symposium: S87 - Genetics in CAP

Presenting author: Merve Cikili-Uytun, Ankara University Child and Adolescent Psychiatry Ankara, TURKEY

Background/Objective

Background: Autism spectrum disorder (ASD) is a complex neurodevelopmental condition whose biological basis is yet to be elucidated. We established Ankara University Autism Biobank (AUAB) to gather a Turkish resource of biospecimens, phenotypes and genomic data for research on autism. During this project, from our clinical data we suggest that patients with more stereotypical behaviors may show some clinical differences from patients with less stereotypical behaviors. We reported here our clinical data preliminary findings.

Method

Total 121 children with ASD were included for this study. In the current study the Repetitive Behavior Scale-Revised (RBS-R-TV), which is used to assess the severity and types of repetitive behaviors in individuals with ASD. According to this scale, the scores were divided into two as up to 20, 20 and above. Behavioral Pediatric Nutrition Assessment Scale and Children's Sleep Habits Questionnaire were used.

Results

52 patients' scores were below 20 and 69 patients' scores were 20 and above. Hypersensitivity for sound, smell and taste were found more frequently in 20 and above group than other group ($p=0.04$, 0.007 , 0.04 respectively). There is no significant differences according to age of diagnosis, age of symptoms, sleep problems, eating problems and comorbide diagnosis.

Conclusions

We found that hypersensitivity was more frequently in the group that had more stereotypes. This phenotypic difference will also be investigated genotypically by us. This project granted by Ankara University Scientific Projects (19B0230005).

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The longitudinal relationship between set-shifting at four years of age and eating disorder related features at nine years of age in the general pediatric population

Abstract ID: 466

Symposium: S20 - Building bridges: the epidemiology of eating disorder symptomatology in childhood and its neurobiological correlates.

Presenting author: Cathelijne Steegers, Erasmus Medical Center - Sophia Children's hospital Department of child and adolescent psychiatry/psychology, Rotterdam, THE NETHERLANDS, Stichting Yulius Child and adolescent psychiatry - Outpatient clinic (poli intensief ZHZ) Dordrecht, THE NETHERLANDS

Background/Objective

Anorexia nervosa (AN) is characterized by a severely low body weight, a distorted body image and rigid thoughts and behaviors that hinder treatment. While the general functioning of individuals with AN is often severely impaired, AN traits are also present in the general population at a less invasive level. Yet, it is unclear whether cognitive rigidity is already present in early childhood and to what extent early markers of AN are related to cognitive rigidity.

Method

In this study the association between set-shifting abilities, as a measure of cognitive rigidity, and AN traits was investigated in 3987 children participating in the Generation R Study, which is a Dutch population-based birth cohort. When the children were four years old, set-shifting abilities were assessed by mother report. At nine years of age restrictive eating patterns (mother report) and body image (child report) were assessed. BMI of the child was assessed at both four and nine years of age.

Results

We found that set-shifting problems were associated with a lower BMI in girls ($\beta=-0.44$, $p=2.2 \times 10^{-4}$) and more restrictive eating ($\beta=0.15$, $p=2.7 \times 10^{-6}$) in both boys and girls at nine years of age.

Conclusions

Our findings indicate that the associations between set-shifting problems and AN traits are already

present in early childhood prior to the typical range of the onset of eating disorders. Longitudinal studies that capture the peak age for the development of eating disorders will be important to assess whether early cognitive rigidity is an early marker of AN.

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Exploring the use of play-based methods to integrate children's own perspectives into investigations of child development

Abstract ID: 467

Symposium: S67 - Findings from a pragmatic randomised controlled trial of a video-feedback intervention: Improving outcomes for young children

Presenting author: Beth Barker, Imperial College London Division of Psychiatry London, UNITED KINGDOM

Background/Objective

Studies examining the development of child psychopathology typically rely on the insights of adults to understand children's behaviour. However, parent-reported data can be confounded by reporting bias. The value of integrating children's own perspectives into these investigations has been more widely recognised in recent years. Yet, such opportunities are rarely extended to very young children, particularly in populations exhibiting challenging behaviours. The use of play-based methods that accommodate for differences in language, cognition, and attention can allow young children to report on their own behaviour and experiences.

Method

This presentation will discuss play-based approaches to involving children themselves in clinical and research investigations. It will focus closely on data collected as part of the Healthy Start, Happy Start (HSHS) study, a large-scale randomised controlled trial testing the effectiveness of a parenting intervention. As part of this study, a story stem battery was delivered to three- and four-year-old children

using dolls and a narrative-based approach. Parent-reported child behaviour was also assessed across timepoints using a researcher-led interview and questionnaires.

Results

Data from the HSHS study allows for the investigation of children's perspectives using longitudinal and experimental designs. Behaviour problems in toddlerhood were associated with disruptive story themes at three- and four-year-olds. Early parental sensitivity was associated with behaviour dysregulation two years later. A video-feedback parenting intervention was found to have small, positive effects on children's narrative coherence ($d = .32$).

Conclusions

This research highlights the feasibility and unique value of using playful approaches to integrate young children's own perspectives into investigations of their adjustment.

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Autism symptoms in children and young adults with Fragile X Syndrome, Angelman Syndrome, Tuberous Sclerosis Complex and Neurofibromatosis Type 1: a cross-syndrome comparison

Abstract ID: 468

Symposium: S14 - Psychopathology in children with rare monogenetic syndromes

Presenting author: *Kyra Lubbers, Erasmus MC Sophia Children's Hospital ENCORE Expertise Center for Neurodevelopmental Disorders Rotterdam, THE NETHERLANDS, Erasmus MC Sophia Children's Hospital Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

The etiology of autism spectrum disorder (ASD) remains unclear, due to genetic heterogeneity and heterogeneity in symptoms across individuals. We compared ASD symptomatology between monogenetic syndromes with a high ASD prevalence, to reveal syndrome-specific vulnerabilities and to clarify how genetic variations affect ASD symptomatology.

Method

Through routine clinical care, we assessed ASD symptom severity in children and young adults (aged 0-28 years) with Fragile X Syndrome (FXS, $n=60$), Angelman Syndrome (AS, $n=91$), Neurofibromatosis Type 1 (NF1, $n=279$) and Tuberous Sclerosis Complex (TSC, $n=110$), using the Autism Diagnostic Observation Schedule and Social Responsiveness Scale. We compared ASD severity among

syndrome groups and to a non-syndromic ASD group (nsASD, n=335), using MANCOVAs with IQ and gender as covariates.

Results

ASD severity was highest for the FXS group and lowest for the NF1 group. Compared to nsASD, individuals with an ASD classification in our syndrome groups showed less problems on the instruments' social domains. The AS group showed a relative strength for social cognition, communication and motivation and a relative challenge in creativity. The Restricted interests and repetitive behavior scale revealed a relative strength in the NF1 group, and a relative challenge in the FXS and TSC groups.

Conclusions

The syndrome-specific strengths and challenges provide a frame of reference to evaluate an individual's symptoms relative to the larger syndromic population and to guide treatment decisions. Our findings support the need for personalized care and a dimensional, symptom-based diagnostic approach, in contrast to a dichotomous ASD diagnosis used as a prerequisite for treatment.

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Diagnostics and Treatment of Selective Mutism

Abstract ID: 470

Symposium: S102 - Outcomes of treatment program

Presenting author: Chaya Rodrigues Pereira, *Amsterdam UMC, University of Amsterdam Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS, Level Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Selective mutism (SM) is a rare anxiety disorder (prevalence 0.2-1.9%) in which children consistently refuse to speak in certain situations (e.g., at school) while they speak freely in other situations (e.g., at home). This greatly impacts the daily functioning of children and their families. Little research has been conducted into the effectiveness of behavioral therapeutic treatment for SM.

Method

In our institution an innovative treatment protocol was developed for behavioral therapy in the school setting, where the problem is most urgent. In this presentation results of a randomized controlled trial (RCT, N=83, ages 3-18y) into the effectiveness of this protocol will be discussed. The RCT comprises of direct treatment (N=41) and a waiting list control group (N=42). Children were assessed at three timepoints: T1: at baseline, T2: after 12 weeks, T3: post treatment. Randomization was stratified based on age, gender and bilingualism. Primary outcome: SM symptomatology, secondary outcomes: anxiety and mood symptoms, self-image and quality of life.

Results

The data gathering was recently finished and at present results are being analyzed.

Conclusions

Validated diagnostics and evidence-based treatment are important to improve early detection of SM and adequate care for these children. This project is the first research in the Netherlands in this field, providing insight in SM and related problems in a large and culturally diverse sample. With proven effectiveness, this project offers an evidence-based behavioral therapeutic treatment protocol for the treatment of SM. The selective mutism project is funded by Fonds Stichting Gezondheidszorg Spaarneland.



Investigation of the Relationship Between Brain Oxysterol Metabolism and Liver X Receptor Gene Variants with Autism Spectrum Disorder

Abstract ID: 475

Symposium: S89 - Genetics

Presenting author: Tuğba Menteşe Babayiğit, Ankara University School of Medicine Child and Adolescent Psychiatry Ankara, TURKEY

Background/Objective

NR1H2 gene encodes Liver X Receptor Beta(LXRB) protein, which plays a central role in brain cholesterol metabolism that has an important role in neuronal development. However, its role has yet to be tackled in ASD, except in animal studies. In this study, for the first time; we have investigated the possible relationship between autism and rs2695121/rs17373080 single nucleotide polymorphisms(SNP) which has been selected from the regulator regions of the NR1H2 and have been shown to be associated with neuropsychiatric processes. In addition, we have investigated the lipid profiles and evaluated their relationship with autistic features.

Method

A total of 107 children with ASD and 103 healthy children aged 2-18 years were included. Childhood Autism Rating Scale(CARS), Autistic Behavior Checklist(ABC), Repetitive Behavior Scale-Revised(RBS-R-TV) were used to determine autistic traits. Genotyping for NR1H2 polymorphisms was performed by PCR-RFLP. Lipid profiles were measured with Beckman Coulter kits.

Results

Genotype frequency were found to be similar in both groups for SNPs($P>0.05$). In the ASD group, no significant association was observed between symptom areas and SNPs($P>0.05$). However total cholesterol($P=0.007$), LDL($P=0.009$) and triglyceride($P=0.001$) levels were significantly higher in the autism group.

Conclusions

Our preliminary results suggest that rs2695121/rs17373080 polymorphisms, previously associated with neurodegenerative processes, may not a risk factor for ASD. In order to elucidate the possible role of brain cholesterol cycle in ASD, 24-Hydroxycholesterol level known as the most important ligand of LXRB, analyzes are still ongoing. All our findings and their relations with clinical data will be presented together at the congress. This paper contains the preliminary results of the project granted by TUBITAK(120S827) and Ankara University Autism Biobank.

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Generalized anxiety among Finnish youth from 2013 to 2021 – trend and the impact of COVID-19

Abstract ID: 477

Symposium: S84 - COVID-19 Session 2

Presenting author: Olli Kiviruusu, *Finnish Institute for Health and Welfare Department of Public Health and Welfare Helsinki, FINLAND*

Background/Objective

COVID-19 pandemic and its restriction measures have severely burdened adolescents' mental well-being worldwide. Studies have reported alarming levels of emotional symptoms, particularly in females. We examined the general trend in adolescents' self-reported generalized anxiety in 2010s and thereafter extracted the effect of COVID-19 pandemic against the expected trend.

Method

We used population-based data gathered biannually in the School Health Promotion (SHP) study in Finland with over 740 000 participants aged 13-20 years between 2013-2021. At each evaluation point, GAD-7 was used to measure generalized anxiety with cut-off ≥ 10 for moderate to severe symptoms. Interrupted time series logistic regression models were used to analyse the effect of linear time and COVID-19 outbreak on the prevalence generalized anxiety.

Results

Among females, the linear trend in generalized anxiety between 2013 and 2019 was increasing (OR for time (years) 1.054, 95% CI: 1.050-1.058): proportion of those with moderate to severe generalized anxiety increased from 15.5% in 2013 to 19.7% in 2019. Among males the trend was decreasing (OR=0.979, 0.972-0.986), proportions being 6.0% to 5.5%, respectively. While the increase from 2019 to 2021 was stronger in females (19.7% to 30.2%) than in males (5.5% to 7.8%), there was no gender difference in the effect of COVID-19 outbreak against the pre-pandemic trends (OR=1.593 vs. OR=1.598).

Conclusions

Along the 2010s, there has been a clear increasing trend of generalized anxiety among females, while in males, the trend has been slightly decreasing. Given these trends, the effect of COVID-19 pandemic appeared very similar in both sexes.

Co-authors: Terhi Aalto-Setälä, Finnish Institute for Health and Welfare Department of Public Health and Welfare Helsinki, FINLAND



The cognitive interpersonal model for adolescents and their carers

Abstract ID: 478

Symposium: S47 - Anorexia nervosa – recent specific treatment trials using various settings in adolescents

Presenting author: Janet Treasure, Kings College London EDU London , UNITED KINGDOM

Background/Objective

The cognitive interpersonal model of anorexia nervosa suggests that eating disorder-related psychopathology is bidirectionally associated with carers' behavioural and emotional responses. The aim of this paper was to use network analysis to examine this assumption

Method

The data from adolescents with anorexia nervosa (n=149) and their primary carer (n=149; 93.3% mothers) randomised to either eating disorder treatment as usual (TAU) only, or a carer skills intervention (ECHO) in addition to TAU was analysed. The network analysis revealed two communities of symptoms: patients' psychopathology (eating and affective symptoms), and carers' responses to the illness and anxious and depressive symptoms.

Results

Carers' depression (and emotional over-involvement) and patients' depression were the nodes with the highest strength centrality. Patients' depression and carers' accommodation were the nodes with the highest bridge influence. In the total sample and in the ECHO group, carers' accommodation predicted patients' higher body mass index (BMI), while patients' depression predicted worse psychosocial functioning at one year follow-up. In the ECHO group, higher carers' depression also predicted lower BMI.

Conclusions

Emotional over-involvement, accommodation and depression in both carers and patients were involved in the maintenance of eating disorder psychopathology in adolescents with anorexia nervosa. This suggests that depression in patients and carers is a potential treatment target.



Adolescents' attachment to parents and peers and social media problematic use

Abstract ID: 479

Symposium: S94 - Supportive care for adolescents

Presenting author: Ahlem Belhadj, University Tunis Elmanar Faculty of medicine of Tunis Tunis, TUNISIA, Mongi Slim Hospital Child and adolescent psychiatry department Tunis, TUNISIA

Background/Objective

Teenagers are particularly vulnerable and can go beyond the limits of normal social media use and develop an addictive behavior. Several studies showed an association between Attachment style and social media problematic use. The Objective of our study was to investigate the relationship between adolescents' attachment to parents and peers and the problematic social media use.

Method

Transversal descriptive and analytic study based on a survey of One thousand and forty eight adolescents. The use of social networking sites was assessed using the Bergen Social Media Addiction Scale (BSMAS) and to categorize it. Attachment to parents and peers were evaluated using the Inventory of Parent and Peer Attachment (IPPA-R) measuring a global score of security attachment and three dimensions of the attachment relationship: alienation, communication and trust.

Results

Low quality of parent attachment could be a risk factor for the development of problematic social media use. When using monothetic scoring scheme, social media problematic use was found in 7,5% of cases. BSMAS global scores were negatively and significantly associated with the IPPA subscale scores for mothers attachment ($p=0,00$) and fathers attachment ($p=0,00$) but not for peers. A negative and significant correlation was found between the BSMAS total scores and the trust and communication dimensions for fathers ($p = 0,02$, $p = 0,001$ respectively) and for mothers ($p=0,01$; $p=0,00$ respectively).

Conclusions

Preventive measures must be taken to limit the frequency of this addictive behavior and to cope with adolescents' negative feelings.

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Impact of the COVID-19 pandemic on mental health and digital media use of patients referred to child and adolescent psychiatry. Results of surveys among children, adolescents and their parents in Switzerland

Abstract ID: 480

Symposium: S84 - COVID-19 Session 2

Presenting author: Anna Maria Werling, University Zurich Department of Child and Adolescent Psychiatry and Psychotherapy Zurich Zurich, SWITZERLAND

Background/Objective

The COVID-19 pandemic had a dramatic impact on children's and adolescents' everyday life. Children and adolescents with pre-existing psychiatric disorders seemed to be particularly affected. The goal of this study was to assess the influence of the corona crisis with its restrictions on mental health and digital media use of clinically referred children and adolescents during the first year of the pandemic.

Method

Patients and their parents participated in anonymous surveys on mental health, mental well-being and media related behavior conducted online in spring 2020 and 2021.

Results

According to patient self-reports, the lockdown 2020 had stronger adverse effects on mental well-being and pre-existing psychopathology in patients with internalizing disorders (ID) compared to patients with other psychiatric disorders (non-ID). In contrast, parents of adolescents with ID reported more often an improvement of the main psychopathological problem during the lockdown than parents of non-ID patients. After one year of pandemic, the opposite was found, with parents of patients with ID indicating now more frequently a deterioration of symptoms compared to other parents. Patients with ID reported a higher subjective importance of media use for their mental well-being and indicated higher social media use than other patient groups.

Conclusions

The pandemic has substantially affected mental health and well-being of clinically referred children and adolescents. However, the impact is not the same for all psychiatric disorders and may differ from the perspective of patients or their parents.

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Psychophysiological correlates of antisocial behavior in girls

Abstract ID: 481

Symposium: S69 - Female adolescent conduct disorder: Neurobiological findings and their relation to intervention outcome.

Presenting author: Helena Oldenhof, *Amsterdam University Medical Center Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Neurobiological deficiencies have been associated with Conduct Disorder (CD) in boys. For instance, a reduced heart rate during baseline and stress, which is suggested to index fearlessness. Fearlessness, in turn, may put children and adolescents at risk for engaging in antisocial behavior and to be more resistant to punishment. However, it is unclear whether this is also true for girls with CD, since there is evidence for sex-differences in the presentation and neurobiology of CD. Therefore, we investigated girls and boys with and without CD to identify sex-specific correlates of CD. This may aid the development of targets for interventions.

Method

We investigated 1446 youths with and without CD (927 girls, 519 boys). We distinguished between CD with/without Limited Prosocial Emotions, and CD with/without internalizing comorbidity. Heart rate, Respiration Rate, Pre-ejection period, and Respiratory Sinus Arrhythmia were assessed during baseline, fear anticipation, emotion evocation, and psychosocial stress.

Results

In contrast to previous findings our results showed that both boys and girls with CD did not show reduced baseline HR as compared to typically developing controls. However, we found that fear anticipation and stress responding were reduced in boys and girls with CD.

Conclusions

We conclude that girls with CD, similar to boys with CD, show aberrant psychophysiological responding to environmental cues, which may hamper social learning and thus adaptation. This, in turn, may increase the risk to experience harmful situations and further desensitizes their neurobiological response-system. These findings highlight the need for targeted interventions.



From concerns to early detection of ASD – barriers and tailored improvement strategies

Abstract ID: 482

Symposium: S72 - Autism Spectrum Disorder in Young Children: from concerns to effective intervention approaches in a Dutch clinical setting

Presenting author: Michelle Snijder, *Karakter, child-and adolescent psychiatry University Centre Nijmegen Nijmegen, THE NETHERLANDS*

Background/Objective

In the Netherlands, parents and preventive care physicians (PCPs) play an essential role in the early detection of young children at high risk of autism spectrum disorder (ASD). In two studies presented here, we explored PCPs' and parental experiences with the process of early detection.

Method

Through in-depth interviews, we gained an understanding of the experiences and perspectives of PCPs (n=12) regarding early detection. In a separate mixed-method study, experiences of parents with the early detection process and initial care were covered. First, an online survey was completed by 45 parents, followed by an additional focus group (n=10) to gain more in-depth insights into their experiences.

Results

Following qualitative data analysis, multiple barriers as experienced by PCPs regarding early detection were found: (a) limited knowledge of early ASD symptoms, (b) professional attitude towards early detection, (c) discrepancies in concerns between PCPs and parents (d) limited use of screening instruments and (e) availability of healthcare services. Results obtained from our parent study indicate that (a) parents seemed to report a higher severity of initial concerns than first line healthcare professionals, with parents visiting a wide range of healthcare professionals (0-6) before their child's diagnosis and (b) parents experienced frequent barriers in the process of early detection and initial care.

Conclusions

In this presentation, both perspectives will be integrated. Overlapping barriers and what this indicates for the clinical field will be addressed. Furthermore, highly needed improvement strategies, as suggested by the clinical field, will be discussed

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Increase in admission rates and symptom severity of childhood and adolescent anorexia nervosa in Europe during the COVID-19 pandemic: Data from specialised eating disorder units in different European countries and from a health insurance data set

Abstract ID: 486

Symposium: S61 - European perspectives on the impact of the COVID-19 pandemic on the development and course of eating disorders in youth

Presenting author: Beate Herpertz-Dahlmann, RWTH University Aachen Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Aachen, GERMANY

Background/Objective

The Covid-19 pandemic associated with confinement and social isolation seems to have impacted the

course of many mental disorders. An increase in hospital admission rates for anorexia nervosa (AN) has been documented in many regions of the world. However, data from Europe are scarce.

Method

We asked clinicians in specialised eating disorder units in hospitals of maximum care from France, Germany, Italy, Sweden and The Netherlands to report on overall and inpatient admission rates for adolescents with AN during 2019 and 2020, and to assess symptom severity by a standardized instrument. In addition, we evaluated the data set of the largest German health care insurance for inpatient admission rates for AN in youth during 2019, 2020 and 2021.

Results

Nearly all representatives of European hospitals described a higher rate of total and inpatient admissions during the second wave of the pandemic. The clinicians rated a higher symptom severity in comparison to 2019, especially a more frequent use of social media, a longer duration of exercising, and more restrictive eating. The evaluation of the health insurance data set also demonstrated a huge increase in admissions for AN, especially in children below 14 years.

Conclusions

The Covid-19 pandemic seems to have had a deep impact on symptom severity in AN which is mirrored by a mostly large increase of admission rates across Europe, especially in children. It must be questioned whether these patients, who at a high risk of medical complications, are sufficiently cared for through non-personal interventions such as telepsychotherapy

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Managed Transition to support mental health outcomes at the child and adult mental health service boundary

Abstract ID: 487

Symposium: S60 - Findings from the Milestone Project: A European Study on Transition from Child to Adult Mental Health Care

Presenting author: Helena Tuomainen, *University of Warwick Warwick Medical School Coventry, UNITED KINGDOM*

Background/Objective

Poor transition planning contributes to the problem of discontinuity of care at the child-adult mental health service boundary. The aim of the study was to assess whether managed transition (MT) improves mental health outcomes of young people (YP) who reach the child-adult mental health service boundary, as compared to usual care. MT included a structured assessment regarding transition appropriateness and readiness and facilitated shared decision-making between YP, parent/carer, and clinician/s.

Method

Forty child and adolescent mental health services (CAMHS) in eight European countries were randomised to provide either i) MT or ii) usual care for YP within one year of reaching the service boundary. The primary outcome was HoNOSCA (Health of the Nation Outcome Scale for Children and Adolescents) score at 15 months post-entry to the trial. A range of secondary outcomes and a cost-effectiveness analysis of the intervention were included in the study.

Results

844 YP were recruited and 793 YP were available for baseline assessments: 237 in the MT and 552 in the usual care group. At 15 months, the mean difference in HoNOSCA scores between the MT and UC arms was -1.11 points (95% confidence interval -2.07 to -0.14 , $p = 0.03$). The cost of delivering the intervention was €17–€65 per service user.

Conclusions

This is the first-ever randomised trial of a scalable intervention implemented at the child–adult service boundary. MT led to improved mental health of YP in the intervention arm, but the magnitude of the effect was small.

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From diagnosis to intervention of ASD – Pivotal Response Treatment as effective intervention approach for young children with ASD and their parents

Abstract ID: 488

Symposium: S72 - Autism Spectrum Disorder in Young Children: from concerns to effective intervention approaches in a Dutch clinical setting

Presenting author: Manon de Korte, Karakter child and adolescent psychiatry University Centre Nijmegen, THE NETHERLANDS, Radboud University Medical Centre Donders Institute for Brain, Cognition and Behavior Nijmegen, THE NETHERLANDS

Background/Objective

Currently, the predominant treatment approach for young children with ASD is based on developmental strategies and Naturalistic Developmental Behavioral Interventions (NDBI's; Schreibman et al., 2015). In these type of interventions teaching in natural learning environments and parental involvement is strongly emphasized. Pivotal Response Treatment (PRT) is seen as a prominent NDBI intervention, addressing core symptoms of children with ASD which can subsequently improve the developmental trajectory and well-being of children (Koegel & Koegel, 2006). With parents as key component, parent group-delivered PRT may be an effective treatment model, but currently the evidence is limited. Also, little attention has been paid to therapeutic involvement of multiple important contexts (e.g. home, school, community) of the young child.

Method

A non-randomized study was designed to explore feasibility and effects of a 14-week PRT with parent group training, complemented with individual parent-child sessions and involvement of teachers and other childcare providers for children aged 2-6 years old with ASD (n = 20). Along with quantitative outcome measures, semi-structured interviews with parents were performed to allow a bottom-up exploration of contributing factors in treatment outcome.

Results

Quantitative and qualitative analyses demonstrated effects on targeted child's social-communication skills and collateral gains in child's and parental well-being and improved family interaction.

Conclusions

The findings suggest feasibility and efficacy of an integrative PRT approach and provide support for further (large-scale) investigation. In this presentation, the mediation role of parents and the wider context in outcomes of young children with ASD will be further explained.

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Human neurons in a dish: Cellular phenotyping of patients with neurodevelopmental disorders

Abstract ID: 493

Symposium: S24 - Tracing the origins from synapse to EEG in monogenic neurodevelopmental disorders: the brainmodel perspective.

Presenting author: Maaïke van Boven, *Center for Neurogenomics and Cognitive Research (CNCR), Vrije Universiteit (VU) Dept. of Functional Genomics Amsterdam, THE NETHERLANDS*

Background/Objective

Communication between neurons occurs at synapses and is essential for information processing in the healthy brain. A large body of work draws a link between genetic variation in synaptic proteins and neurodevelopmental disorders (NDDs), but the precise alterations in synaptic transmission, as well as its consequences on brain functioning remain poorly understood. Elucidating the mechanisms and routes underlying these processes is essential to the development of effective treatments.

Method

To this end, physiologically relevant in vitro models are critical to successfully treat individuals affected with NDDs. We have identified specific synaptic dysfunctions resulting from a NDD-associated mutation in the synaptic calcium sensor Synaptotagmin-1 in cultured mouse neurons.

Results

Expression of the disease variant Syt1P401L shortened dendrites and decreased the signal-to-noise ratio of synaptic transmission.

Conclusions

Recent advances in induced pluripotent stem cell (iPSC) technology provide new avenues to study the same disease mutations in cultured networks of human neurons. To this end, we have developed a method to study the balance between excitation and inhibition at the cellular level in these networks, which is often disturbed in NDDs. These human model systems can be used to characterize cellular deficits and test candidate treatments in vitro, paving the way for personalized treatment.

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Mental health professionals' family-focused practice : a snapshot of the situation in Quebec, Canada

Abstract ID: 495

Symposium: S95 - Challenges for mental health professionals

Presenting author: Genevieve Piche, *Universite du Quebec en Outaouais Psychoeducation and Psychology Saint-Jerome, CANADA, University Center for Research on Youth and Families Université Laval Quebec, CANADA*

Background/Objective

For the past ten years, the involvement of family members in the usual follow-up and care of a parent with a mental illness has been recommended to promote the recovery of patients as well as the well-being of children and families. Yet, although this approach is scientifically supported, we still have little knowledge on the use of family-centered practices by professionals providing adult mental health services. Our study aims to draw a portrait of the family-focused practices of professionals in adult mental health, from a large Quebec sample, and to identify the differences between the types of professionals.

Method

A cross-sectional survey was conducted between April 2021 and January 2022. In a multidisciplinary approach, workers from seven professional groups working in adult mental health were recruited in this study. A total of 528 professionals responded to the online Family Focused Mental Health Practice Questionnaire.

Results

A portrait of the professional's family practices will be presented, as well as a brief review of the differences found between types of professionals.

Conclusions

The findings underline an important opportunity to strengthen the professional development of nurses, psychologists, social workers, and other health professionals in child and family focused knowledge and practice.

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Pre-treatment clinical and gene expression patterns predict developmental change in early intervention in autism

Abstract ID: 501

Symposium: S66 - Moderators and mechanisms of early intervention in Autism Spectrum Disorder

Presenting author: Elena Maria Busuoli, *University of Trento Center for Neuroscience and Cognitive Systems Rovereto, ITALY*

Background/Objective

Early detection and intervention are believed to be key to facilitating better outcomes in children with autism, yet the impact of age at treatment start on the outcome is poorly understood. While clinical traits have been shown to predict treatment outcome, whether or not and how information at the genomic level can predict treatment outcome is unknown.

Method

We selected a cohort of toddlers with autism who all received the same standardized intervention at a very young age and provided a blood sample before treatment starts. We computed individual treatment slopes based on the rate of children learning skills, with linear mixed effect model. With LASSO regression we evaluated how well pre-treatment clinical measures may be predictive of individual treatment slopes, in contrast to gene expression features.

Results

Here we find that very early treatment engagement (i.e., <24 months) leads to greater gains while controlling for time in treatment. The pre-treatment clinical measures and gene expression patterns can predict 21% and 13% of the variance in treatment slopes, respectively. Results indicated that 295 genes can be prioritized as driving this effect. These treatment-relevant genes highly interact at the protein level, are enriched for differentially histone acetylated genes in autism postmortem cortical tissue, and are normatively highly expressed in a variety of subcortical and cortical areas important for social communication and language development.

Conclusions

This work suggests that pre-treatment biological and clinical characteristics are important for predicting developmental change during early intervention and that gene expression features related to histone acetylation may be key.

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Day patient treatment and home treatment as alternatives to inpatient treatment

Abstract ID: 503

Symposium: S47 - Anorexia nervosa – recent specific treatment trials using various settings in adolescents

Presenting author: *Brigitte Dahmen, RWTH Aachen University Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Aachen, GERMANY*

Background/Objective

In the treatment of adolescents suffering from anorexia nervosa (AN), long periods of inpatient treatment are still the treatment of choice in many European countries. Over the last years, promising progress regarding treatment settings for adolescents with AN has been made such as the introduction of day patient treatment and home treatment. These new settings seem especially suitable for children and adolescents, because they actively involve the parents as co-therapists into the treatment process, which is associated with a better long-term outcome of adolescent AN.

Method

We will introduce these two alternative settings and present the findings of two treatment trials performed at our University hospital employing (1) day patient treatment and (2) home treatment in a stepped-care-approach after a short inpatient stabilization phase.

Results

Our findings suggest that these stepped-care approaches are feasible and both, parents and patients, seem to benefit from shorter inpatient treatment and earlier treatment at home.

Conclusions

We will discuss our findings in the light of remaining open questions and the current evidence on alternative treatment settings to inpatient treatment for adolescent AN.

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From detection to diagnosis of ASD – The importance of observing early parent-child interactions

Abstract ID: 507

Symposium: S72 - Autism Spectrum Disorder in Young Children: from concerns to effective intervention approaches in a Dutch clinical setting

Presenting author: *Mirjam Pijl, Karakter Child and Adolescent Psychiatry University Centre Centre for the Young Child Nijmegen, THE NETHERLANDS*

Background/Objective

Best clinical judgment by a multidisciplinary team is considered the gold standard of diagnosing ASD. The use of standardized measures is recommended to improve decision making. Besides using instruments that focus on core ASD symptoms, there is a growing awareness of the importance of observing parent-child interactions. During early childhood the interaction between parent and child forms a key aspect of the child's social environment. For children with psychiatric vulnerabilities healthy interactions may be even more vital and can serve as an important protective factor. In contrast, early disruptions may have a domino effect on child development.

Method

This presentation will focus on the diagnostic process and instruments used in the Dutch setting. A specific focus will be given on a newly developed observation measure of parent-child interaction (Parent-Infant/Toddler Coding of Interaction-Preschool | PInTCI-P). This global coding scheme is designed for use across early childhood (0-6 years), consisting of child, parent and dyadic constructs.

In a preliminary study the PInTCI-P was applied to 74 parent-child dyads as part of the diagnostic process. The dyads were coded by a multidisciplinary team of psychologists and psychiatrists.

Results

Good to excellent inter-rater reliability was obtained for parent, child and dyadic scales. During the presentation a glimpse will be given into the application of the PInTCI-P by observing videotaped parent-child dyads.

Conclusions

This work provides preliminary evidence for the utility of the PInTCI-P in a clinical setting. By including information about parent-child interaction a comprehensive diagnostic profile can be made, which gives helpful directions to appropriate interventions.

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Suicide risk in adolescents at Ultra-High Risk (UHR) of psychosis

Abstract ID: 508

Symposium: S93 - At risk for psychosis

Presenting author: *Elena Monducci, Sapienza University of Rome Department of Human Neuroscience, Child and Adolescent Neuropsychiatry Rome, ITALY*

Background/Objective

Suicide risk is high in subjects with first psychotic episode (FEP). Little is known about suicide risk in UHR (Ultra-High-Risk) patients, especially in adolescence. Our purposes were: 1) to assess suicide risk in UHR adolescent patients; 2) to compare suicide risk in UHR, FEP adolescents and Clinical Help Seeking Control (CHSC) peers.

Method

We recruited data from 70 inpatients (13-18 years; 42.9% male). The sample included 25 UHR adolescents, 13 FEP, and 32 CHSC consecutively admitted to "Psychiatric emergencies in adolescence Day Unit- Sapienza, University of Rome". Patients with disorders related to the direct effects of a general medical condition or substance use, without sufficient knowledge of Italian language and IQ<70 were excluded. Baseline psychosocial assessment was performed; clinical assessment included K-SADS-PL, SIPS / SOPS (for psychosis and psychotic risk), and the Calgary Depression Scale for Schizophrenia (CDSS, for depression). K-SADS and CDSS were also used to assess suicide risk.

Results

57.1% of total sample showed risk of suicide at admission. The higher percentage of adolescents at

risk for suicide was found in UHR sample (80%), compared with FEP sample (53.8%) and CHSC subjects (40.6%).

Conclusions

High prevalence of suicide risk among UHR adolescents highlights the need for routine investigation of suicide thinking in this group. Further studies are needed to identify correlations with clinical (comorbid disorders, symptom severity, anomalous self-experiences) and psychosocial factors (family adversities, social alienation etc.). Developing strategies for suicide prevention in UHR adolescents, starting from ER interventions, is a pivotal challenge for psychiatry.

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Intimate partner violence and prenatal attachment

Abstract ID: 509

Symposium: S97 - Cultural sensitivity in CAMHS

Presenting author: Ahlem Belhadj, *University of Tunis ElManar Faculty of medicine of Tunis Tunis, TUNISIA*

Background/Objective

Intimate partner violence (IPV) is a public health issue that have repercussions in short and long term. Our study aims to determine the impact of IPV on maternal fetal attachment.

Method

A transversal descriptive study, including pregnant women for three months. Prenatal Attachment Inventory (PAI) assessed maternal-fetal attachment and Intimate partner violence (IPV) was assessed clinically. Statistical analysis was conducted using R program version 4.0.4.

Results

For the 156 pregnant women included in our study, the mean age was 30.92 years old. 99,2% of them married with a mean marriage duration of 4.32 years. Mean gestational age was 33.16 WA and 76.9% were in their third trimester. PAI's mean score was $56.75 \pm 10,36$ and the subscale of affection had the highest mean score (16.24 ± 2.89). Women admitted being victims of IPV in 51.3% with emotional violence being the most prevalent (34.6%), followed by controlling and tyrannic behaviors (30.8%). Multiple forms of IPV were found in 52.5% and the four types of IPV were reported among 7.14%. Women reported that IPV started with the ongoing pregnancy in 12.32%. A statistically significant correlation between the total score of PAI and emotional IPV was found ($p < 0.01$ and $\beta = -27$). The association of physical and sexual IPV was negatively correlated with PAI's total score ($p < 0.01$ and $\beta = -2.84$).

Conclusions

Appropriate training for health care providers enables them to detect pregnancies at risk and intervene to prevent attachment disorders.

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The use of DAWBA algorithm diagnoses in psychiatric assessment in child and adolescent psychiatry

Abstract ID: 517

Symposium: S107 - Organisation in CAMHS

Presenting author: Marlene Briciet Lauritsen, Aalborg University Hospital - Psychiatry Research Unit for Child and Adolescent Psychiatry Aalborg, DENMARK

Background/Objective

Standardized diagnostic assessment is often recommended as part of the diagnostic assessment in clinical guidelines because of the increased validity and reliability obtained when standardized instruments are used. However, it is far from always part of the clinical assessment in child and adolescent psychiatry. There may be many explanations for the decreased use of standardized instruments, e.g., increasing needs for psychiatric assessments among children and adolescents, lack

of resources in the psychiatric clinics such as clinicians resulting in increased workload on the individual clinician, resistance among clinicians for using diagnostic instruments instead of their own clinical assessment. It is, however, possible to decrease the workload particularly when using Development And Well-Being Assessment (DAWBA) which is an online diagnostic questionnaire covering psychiatric disorders that has been translated to more than 30 languages. This diagnostic instrument includes an algorithm with cut-off for increased likelihood of a diagnosis and this may help in the screening process of children suspected to suffer from a psychiatric disorder.

Method

The algorithm diagnoses generated by the electronic instrument DAWBA are compared to consensus diagnoses applied by a multidisciplinary team of clinicians after reviewing the DAWBA questionnaire. Children and adolescents aged 6 to 17 were included (N=235) and DAWBA was filled out by the parents/primary caregiver and children if above 10 years of age.

Results

Preliminary results show that the agreement between algorithm and consensus diagnoses are high for many of the psychiatric disorders studied.

Conclusions

The results will provide knowledge about the use of DAWBA in clinical settings.

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Examining potential predictors of response to Early Start Denver Model (ESDM) in preschoolers with autism spectrum disorders

Abstract ID: 520

Symposium: S66 - Moderators and mechanisms of early intervention in Autism Spectrum Disorder

Presenting author: Marie Schaer, *University of Geneva Department of Psychiatry Geneva, SWITZERLAND*

Background/Objective

Early and intensive intervention dramatically decreases the social deficits and learning difficulties associated with autism spectrum disorders (ASD). These interventions typically entail a massive commitment from families and professionals. However, despite the highly significant gains observed at

the group level, response at the individual level is highly variable. It is therefore of critical importance to better understand “what works for whom”.

Method

We analyzed data from a longitudinal cohort of 55 preschoolers with ASD who have received 20h/week of early intervention following the ESDM for 2 years. We applied a cluster analysis to distinguish between different subgroups based on their cognitive level at intake, and rates of cognitive change over the course of intervention.

Results

We found 3 distinct subgroups. The first subgroup showed a mild cognitive delay at intake, with a Developmental Quotient (DQ) of 78; they gained an average of 18 DQ point over the 2 years. The two other groups showed similarly severe cognitive delays at baseline (DQ=50 and 46 respectively). However, they responded very differently to intervention: the majority significantly improved (+ 34 DQ points), whereas a minority of children showed only minimal improvement (-9 DQ points). Further analyses showed that children with optimal outcome showed developmental improvement already after 6 months of intervention.

Conclusions

Identifying specific subgroups associated with different prognosis and sensitivity to treatment represents a critical step toward the development of precision medicine in autism. Future studies should particularly aim at identifying the individual characteristics that predict which child will respond to which type of intervention.

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But traumatised? A catamnestic study of formerly eating disordered patients

Abstract ID: 521

Symposium: S99 - Eating disorders

Presenting author: Ulrike M.E. Schulze, University of Ulm Child and Adolescent Psychiatry / Psychotherapy Ulm, GERMANY

Background/Objective

To determine, whether it is possible for former eating disordered patients, after a latency period to retrospectively name possible traumatic experiences that could have contributed to the manifestation or maintenance of their eating disorder.

Method

Included in the study were 69 former patients - aged 26.8 (18.2-34.5) years - who had been treated for an eating disorder in the period 2001-2014, 10 of whom agreed to an additional face-to-face follow-up interview. The collection of sociodemographic data as well as details on current well-being, social functioning and the possible impact of stressors as well as traumatisation was carried out by means of a specifically compiled test battery (CECA-Q, LEQ, ADS, CTQ), which was completed online.

Results

After a catamnestic period of 11.7 (5,8 – 18,6) years, 30 subjects (43.5%) retrospectively affirmed traumatising experiences. Namely, 18 participants (26.1%) remembered trauma from emotional abuse, and 11 (16%) from sexual abuse. Emotional neglect was reported by 17 former patients (24.6%), physical neglect by 14 (20.3%). During treatment, 18 subjects from this group had suffered from an affective disorder; 16 of them still showed signs of a depressive illness at follow-up. In addition to former NSSV and suicidal thoughts, suicide attempts that had taken place and had been reported during treatment could subsequently be assigned exclusively to the participants who had reported traumatisation.

Conclusions

A further evaluation of the data could desirably contribute to an improvement of preventive approaches in eating disorder treatment.

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Clinical and neural characteristics of emotion regulation and stress response in adolescents from the general population

Abstract ID: 523

Symposium: S76 - Competencies in self-regulation in high risk cohorts of adolescents

Presenting author: Camille Piguet, University of Geneva Psychiatry Geneva, SWITZERLAND, Geneva University Hospital Pediatrics Geneva, SWITZERLAND

Background/Objective

Adolescence is a critical period of development characterized by intense psychosocial changes. It is also a period of heightened stress reactivity and protracted maturation of brain regions involved in self-regulation. We examined stress reactivity and emotional regulation capacity in a non-clinical cohort of adolescents aged between 13 and 15 years old and expressing different degrees of anxiety.

Method

We used self-administered questionnaires, spontaneous self-report of emotion regulation strategies, and a modified version of the Montreal Imaging Stress Task (i.e. social stress task) in a group of 67

adolescents. The task consisted of an acute stressor (difficult mental calculations) ending with a positive or negative social evaluative feedback, followed by a 90 second recovery period, assessed with functional MRI.

Results

Trait mindfulness was anti-correlated with various measures of stress, anxiety and negative affect but not with cognitive emotion regulation strategies. At the neural level, we observed strong activity in the right anterior prefrontal cortex, anterior insula and thalamus during psychosocial stress compared to control condition. Negative compared to positive feedback showed higher activity in ventral posterior cingulate cortex, correlating with higher depression scores.

Conclusions

These results support that interventions aiming at increasing mindfulness might help decrease stress and anxiety in young adolescents. Neuroimaging results show that negative affect correlated with increased activity in self-processing region in adolescents during psychosocial stress, confirming the sensitivity to peer evaluation at this age. Improvement in self-confidence through mindfulness-based intervention might counterbalance this vulnerability trait.

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The association between restrictive eating disorder features and brain morphology in the general pediatric population

Abstract ID: 524

Symposium: S20 - Building bridges: the epidemiology of eating disorder symptomatology in childhood and its neurobiological correlates.

Presenting author: Marlies Deen, Erasmus MC Child & adolescent psychiatry Rotterdam, THE NETHERLANDS

Background/Objective

Anorexia Nervosa is associated with alterations in brain morphology, i.e. global gray and white matter volume reduction, volume changes in specific gray matter areas, reduced gyrification and cortical thickness. Little is known whether associations between restrictive eating behavior, body mass index

(BMI) and brain alterations are already present in the general pediatric population. In this study we examined the association between restrictive eating disorder-related features and alterations in brain volumes, gyrification and cortical thickness in pre-adolescents from the general population.

Method

Participants were children who participated in the Generation R Cohort study, a Dutch population-based birth cohort. BMI, restrictive eating behavior and structural MRI-scans were obtained in children aged 9 to 11 years. For the study on global gray and white matter volumes and specific gray matter volumes, data were available from 2729 children, for the study on gyrification and cortical thickness, data from 3160 children.

Results

The relationship between BMI and gyrification showed an inverted-U shape curve in children with both lower and higher BMI values having lower gyrification in widespread areas of the brain. BMI was positively associated with global and local brain volumes in girls, restrictive eating corrected for BMI only with the hippocampus. In boys BMI was associated with global and some local brain volumes.

Conclusions

Associations between restrictive eating disorder-related features and brain morphology are already present in pre-adolescents in the general pediatric population and suggest that normal BMI is important for brain development. Longitudinal studies are needed to assess these associations over a longer period of time.

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A rare case of hair loss induced by aripiprazole in a child with behavioral impairments

Abstract ID: 525

Symposium: TCS1 - Trainee Case Session

Presenting author: Aybike Aydın, *Istanbul University- Cerrahpasa Child and adolescent psychiatry istanbul, TURKEY*

Background/Objective

Aripiprazole is an atypical antipsychotic drug. It differs from other atypical antipsychotic drugs with its partial agonistic effect on dopamine D2 receptors and serotonin 5-HT1A receptors. It is used in child and adolescent psychiatric disorders including schizophrenia, bipolar disorder, Tourette's syndrome, and behavioral impairments associated with autism and intellectual disability. The most frequent side effects associated with aripiprazole use are tremor, insomnia, akathisia, nausea and vomiting. Another and a rare side effect of aripiprazole use is hair loss. There are few cases reported in literature including one case presenting an 11 year old girl.

Method

This report aims to present a 7 year old-girl with hair loss due to 2 months long aripiprazole use that is reversed back 10 days after stopping the treatment. She also has cutis laxa and quadriplegic cerebral palsy diagnosis. Pediatrics were applied in this process, the examination was made, and the blood screen was evaluated but all the results were normal.

Results

No other medical conditions found to be related with this hair loss.

Conclusions

Despite the low incidence of hair loss due to aripiprazole usage, it should always be taken into consideration by the psychiatrists, as it may affect patients compliance with the prescription. Long-term studies are needed to understand the underlying mechanisms and manage rare side effects like this one, since only treatment is cessation of medication.

Co-authors:

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Polyvictimization moderates stress neurobiology and contributes to anxiety in high-risk adolescents

Abstract ID: 526

Symposium: S76 - Competencies in self-regulation in high risk cohorts of adolescents

Presenting author: Aysenil Belger, *University of North Carolina at Chapel Hill Psychiatry Chapel Hill, UNITED STATES*

Background/Objective

Dysregulation in stress response systems have been identified in psychosis and other severe psychopathology, and may represent a vulnerability marker for disease onset and severity. Exposure to polyvictimization alters stress response circuits and contributes to development of severe psychopathology. Neural mechanisms that mediate these effects remain unclear. We examined the impact of polyvictimization on neural network connectivity during a psychosocial stress imaging protocol and their contribution to anxiety severity in high-risk adolescents.

Method

Functional magnetic resonance imaging was conducted in 79 participants aged 9-16 years (33 female) during the Montreal Imaging Stress Task. Whole brain, ROI-based activation, and seed-to-voxel functional connectivity analyses were conducted to examine default mode, salience, and central executive network connectivity.

Results

During acute stress, adolescents' functional connectivity was increased between the default mode

network seed and central executive network regions, increased between the salience network and default mode network, and reduced between the salience network and central executive network. Greater polyvictimization was associated with aberrant hippocampal activation, which partially mediated association between polyvictimization and trait anxiety. Great polyvictimization further was associated with reduced functional connectivity during acute stress exposure between the default mode network seed and a cluster containing the left middle frontal gyrus of the central executive network.

Conclusions

These results indicate that acute stress exposure alters hippocampal activation and functional connectivity across fronto-limbic networks in adolescents, indicating the role of limbic stress response systems in the severity of anxiety in high-risk adolescents.

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Interference control and related brain activity in healthy children at familial high-risk of schizophrenia or bipolar disorder.

Abstract ID: 527

Symposium: S76 - Competencies in self-regulation in high risk cohorts of adolescents

Presenting author: Line Johnsen, Copenhagen University Hospital Hvidovre Danish Research Center for Magnetic Resonance Copenhagen, DENMARK

Background/Objective

Children of parents with schizophrenia (SZ) and bipolar disorder (BP) represent a familial high-risk (FHR) group in which endophenotypes of mental disorders can be studied prospectively. Impaired interference control (IFC) is part of the clinical presentation of SZ and BP and it can be captured by neurocognitive tasks like the Eriksen flanker task (EFT). We applied the EFT in children at age 11 with and without FHR of SZ or BP and use functional magnetic resonance imaging (fMRI) to map task-related differences in brain activity.

Method

We included 40 children (50% female) with FHR-SZ, 32 children (41% female) with FHR-BP, and 75 (51% female) healthy controls (HC). Task-related brain activity was mapped with blood oxygen level dependent (BOLD) recordings analyzed using a general linear model, creating contrast images for successful IFC (incongruent trials minus congruent trials) at the group level.

Results

The three groups performed overall equally on the EFT in terms of accuracy and mean reaction time (RT). However, RTs were overall more variable in FHR-BP and FHR-SZ, showing strong evidence for an effect of group and anecdotal evidence against a group by condition interaction. Successful IFC led to a consistent activation of the IFC network across groups with no between-group differences.

Conclusions

We provide first-time evidence that 11-year-old children at FHR-SZ and FHR-BP express more inconsistent response timing during interference control. This abnormality was expressed despite of the fact that participants had no history of psychiatric illness, and thus, may reflect an endophenotypic trait marker of risk or contribute to resilience.



Personality functioning assessed by therapist report (LoPF-Q Therap) compared to self-report and parent-report as outcome variable in a pre-post therapy setting (START-Kids)

Abstract ID: 528

Symposium: S34 - Early detection of Personality Disorders and Personality Difficulties by assessing impairments in Personality functioning (Criterion A) in self and informant report

Presenting author: Andrea Dixius, SHG Clinics Child and Adolescent Psychiatry Saarbücken, GERMANY

Background/Objective

The 'Stress-Trauma-Symptoms-Regulation-Treatment' for Kids (START-Kids) is a manualized short-term treatment program for stabilization and stress resilience in emotionally dysregulated children between 6 and 12 years, based on an approach of stress and management and emotional regulation. The current pilot trial aims to assess the feasibility and effectiveness of the START-Kids intervention program for improvement of emotion regulation and early characteristics of personality functioning.

Method

Child psychiatric patients aged 6-12 years took part in this 8 weeks program with 2 group sessions a 60 min per week. Immediately before and after treatment personality functioning was assessed with the Levels of Personality Functioning Questionnaire LoPF-Q E u. OPD-KJ2-SF E. The intervention proved feasible with a low drop out rate.

Results

Pre and post intervention and START-Kids demonstrates preliminary evidence for improvement of behavioral dimensions after an 8-weeks treatment course. There was low drop-out. Significant positive changes could be found after treatment with regard to therapists' and a trend for parent's ratings. Limitations are small sample size and lack of a treatment-as-usual-control group.

Conclusions

START-Kids is an innovative program with high amount of feasibility and a positive influence on aspects of personality functions in children. Therefore, this short-term intervention can possibly be regarded as a tool to improve stability in children with a high load of emotional dysregulation. The results are promising and warrant future studies, specifically randomized controlled trials on the effectiveness of START-Kids for strengthening resilience in children at severe risk for social disintegration.

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Is structural connectome change over time related to self-regulation in adolescent offspring at familial high risk for severe mental illness?

Abstract ID: 532

Symposium: S76 - Competencies in self-regulation in high risk cohorts of adolescents

Presenting author: Simon Poortman, Erasmus University Medical Center Child and Adolescent Psychiatry Rotterdam, THE NETHERLANDS

Background/Objective

Offspring of parents with severe mental illness (e.g., bipolar disorder [BD] or schizophrenia [SZ]) are at elevated risk for developing psychiatric illness, owing to both genetic predisposition and increased burden of environmental stress during childhood. Emerging evidence indicates a disruption of brain network connectivity in young offspring of BD and SZ patients, but the development of the connectome in this at-risk population and how it relates to self-regulation remains to be elucidated. This longitudinal study sought to investigate the structural connectome in offspring at familial high risk for BD or SZ.

Method

Diffusion-weighted scans were obtained from 185 offspring (aged 8-18 years at baseline) of at least one parent diagnosed with BD (n=79) or SZ (n=52) and community control offspring (n=54). 103 offspring underwent a follow-up scan (interval 2.2-5.9 years). Changes in ability of self-regulation were also assessed. Anatomical brain networks were reconstructed into structural connectivity matrices with the number of streamlines (threshold \geq 5) between each pair of brain regions taken as the weight of their connection. Graph theoretical analysis was performed to obtain the connectivity strength, global efficiency, clustering coefficient, modularity from each connectivity matrix. Linear mixed-effects models were used to examine group differences in each brain network metric, including age and age-by-group as effects of interest.

Results

The linear mixed-effects analyses yielded no significant effects of age on any of the brain network metrics nor a difference in age effects between groups.

Conclusions

Whether maturation of self-regulation ability is associated with changes in these brain metrics will be discussed.

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Longitudinal perspectives focused on narrativity from infancy to toddlerhood of children of borderline mothers. What can research teach us on early mother-baby clinical therapeutic settings?

Abstract ID: 533

Symposium: S13 - Intergenerational Transmission of Traumatic Stress and Attachment-Related Risk Prenatally and Postnatally: Mechanisms and Implications for Intervention

Presenting author: Marie-Camille Genet , Le Havre University Hospital Child Psychiatry, Research Unit PARIS , FRANCE, Paris University, LPPS and EPS Erasme Child Psychiatry Boulogne, Antony, FRANCE

Background/Objective

BPD Mothers show difficulties at the heart of a troubled sharing of intersubjectivity to help infant to regulate its emotions. This study endeavors to expound the way in which the attachment behaviors of their infants are embedded in the distinctive features of these dysfunctional interactions.

Method

Longitudinal prospective study of a cohort of mother-infant dyads of mothers with borderline personality disorder, compared to a control group. Microanalysis of mother-infant interaction using the Still Face Paradigm at 3 months old and analysis of interaction during the Strange Situation Procedure at 13 months old. 14 dyads in the BPD group and 13 in the control group were followed up until school age. We present longitudinal results of this subgroup including interactive micro-analysis, attachment status using the Strange Situation Procedure and toddler's attachment, quality of emotional regulation and psychopathologic development using the Attachment Story Completion Task from 4 to 8 years.

Results

In the BPD group, our results suggest, in accordance with the literature, that children of BPD mothers may be at risk of emotional dysregulation and Disorganized Attachment which are in turn risk factors for BPD. Infant's regulatory efforts are visible through dysregulated behaviors. The evaluation of children's attachment representations, draws light on different evolutions in the quality of their attachment. Ultimately, a psychodynamic approach of their narratives during the Attachment Story Stem Battery reveals the features of their psychological functioning.

Conclusions

Results showed the importance of implementing longitudinal and comparative research settings and impact on therapeutic management of mother-baby psychotherapies focused on interactions.

Co-authors:

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Emotional and physiological reactivity to sensory stimuli in young children with avoidant/restrictive eating

Abstract ID: 535

Symposium: S62 - An update on the aetiology, assessment, and clinical characteristics of avoidant and restrictive food intake disorder

Presenting author: Christine Cooper-Vince, *University of Geneva Department of Psychiatry Geneva, Switzerland, SWITZERLAND*

Background/Objective

Avoidant Restrictive Food Intake Disorder (ARFID) is a psychiatric disorder that is characterized by the consumption of a limited quantity or range of foods in the absence of weight or shape concerns that affects up to 5% of children. The 3-dimensional neurobiological model of ARFID posits that the three prototypical ARFID presentations; restrictive eating due to sensory sensitivity to food qualities, low interest/appetite, and/or fear of adverse consequences of eating (e.g., choking, vomiting) are rooted in dimension-specific biological vulnerabilities. However, these potential biological vulnerabilities and their link to food fear and/or disgust that drives food avoidance in ARFID has yet to be evaluated in early childhood. Understanding the etiology of early childhood ARFID is an essential first step to develop more effective early interventions.

Method

In a sample of Swiss 4–7-year-olds with ARFID and sub-threshold ARFID (n=30) and age/sex matched healthy controls (n=30), we will evaluate group differences in sensory perception and emotional and physiological reactivity to sensory stimuli. Group differences in gustatory and olfactory perception (PROP test and Sniffin' Sticks) will be evaluated. Further, group differences in change in electrodermal activity (EDA) and emotional facial expressions (fear, disgust, neutral, and pleasure coded via FaceReader software) in response to sensory stimuli will be examined. ARFID symptoms are assessed via parent report on the Pica ARFID and Rumination Disorder Interview.

Results

Data collection is currently underway, with 24 participants completed.

Conclusions

These findings will yield insight into the potential biological and psychological factors central to ARFID etiology in early childhood.

Co-authors:

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Utility of a systematic screening and indicated prevention program for behavioral problems in children aged 5-10: First results of the PROMPt project

Abstract ID: 536

Symposium: S106 - Session on Autism Spectrum Disorders

Presenting author: Maria Bretzke, Technische Universität Dresden Department of Child and Adolescent Psychiatry, Faculty of Medicine Dresden, GERMANY

Background/Objective

Emotional and behavioral problems often become apparent at an early age in kindergarten and are a risk for the development of mental disorders. Up to 15.8% of children aged 3-6 years and 15.1% aged 7-10 years reveal significant behavioral problems. Such problems can be associated with high health care and societal costs as well as a significant decrease in social participation and consequently individual burden.

Method

The PROMPt project, funded by the GB-A Innovationsfonds for the promotion of new forms of care, aims to implement an optimised health care by systematic screening for emotional and behavioral problems during routine check-ups and allocation to appropriate indicated prevention offers. In order to achieve this, parents from the Dresden area were asked to complete the Strengths and Difficulties Questionnaire (SDQ) during routine pediatric check-ups. Parents then received feedback from their treating pediatrician whether a prevention program is indicated.

Results

About 3000 children were screened by their pediatrician. Planned analyses will primarily focus on children with behavioral problems and address to what extent families utilise the trainer-guided group-based prevention program (consisting of 9 weekly sessions) and how participating children change regarding behavioral and emotional development.

Conclusions

Early identification and offering low-threshold support is highly relevant, as intervention in early age has been demonstrated to be more cost-effective over the long term compared to later psychological interventions.

Co-authors:

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Bumetanide as a mechanism-based treatment for neurodevelopmental disorders

Abstract ID: 537

Symposium: S24 - Tracing the origins from synapse to EEG in monogenetic neurodevelopmental disorders: the brainmodel perspective.

Presenting author: Lisa Geertjens, Amsterdam UMC Child psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

Clinical trials with mechanism-based drugs for neurodevelopmental disorders (NDDs) have been complicated by etiological and clinical heterogeneity. Successful implementation warrants a more stratified approach. As an example, we have performed a series of stratified trials testing the NKCC1 chloride importer antagonist bumetanide. Here, we provide an overview of their result and how we are currently developing these findings into a more precision application strategy in the so-called BUDDI trial.

Method

Three bumetanide trials in children aged 7-15 years have been completed: 1) an EEG and cognition accompanied randomized controlled trial (RCT) in autism spectrum disorder (ASD) (n=92); 2) an RCT with stratification based on clinical symptoms (sensory processing difficulties), n=50; and 3) an open label trial with stratification based on a genetic disorder (tuberous sclerosis complex (TSC)), n=15.

Results

Overall, these trials indicate applicability for bumetanide to improve repetitive and irritable behavior in subsets of NDDs. The integration of behavioral and physiological effects showed promise to develop stratification and prediction markers. Furthermore, we show the first outcomes of the BUDDI n-of-1 study including patient report outcome measures, novel cognitive information endpoints and EEG biomarker assessments.

Conclusions

Mechanism based treatments such as bumetanide seem effective in subsets of NDD that require novel study designs and novel endpoints suitable to be evaluated in n-of-1 designs. In Brainmodel we aim to further develop endpoints and to optimize stratification strategies by also including genetic and cellular data.

Co-authors:

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Long-term effectiveness of off-label risperidone in children and adolescents: a randomized, placebo-controlled discontinuation study

Abstract ID: 540

Symposium: S48 - IMPROVING THE EFFECTIVENESS OF ANTIPSYCHOTIC DRUGS IN CHILDREN WITH NEURODEVELOPMENTAL DISORDERS: ADVERSE EFFECTS AND QUALITY OF LIFE

Presenting author: Pieter Hoekstra, *University Medical Center Groningen Child and Adolescent Psychiatry Groningen, THE NETHERLANDS*

Background/Objective

Risperidone is commonly prescribed on an off-label basis to reduce disruptive behavior. This study aimed to investigate the continued benefits of risperidone after at least 1 year of use and the effects of discontinuation on physical health.

Method

Thirty-five youths (aged 6-18, IQ>70) who were treated with risperidone for at least 1 year in regular care were randomly assigned to double-blind continuation of risperidone during 16 weeks or continuation for 2 weeks, gradual dose lowering over 6 weeks, and placebo for 8 weeks. Primary outcome was the total Disruptive Behavior (D-total) score of the parent reported Nisonger Child Behavior Rating Form-Typical IQ (NCBRF-TIQ). Mixed models for repeated measures were conducted for continuous outcomes and a chi-square test for the CGI-I.

Results

Discontinuation of risperidone, as compared to continuation, was not associated with significant changes on the NCBRF-TIQ. However, it was associated with a significant deterioration in parent-rated verbal aggression, teacher-rated behavioral functioning and clinician-rated general functioning, and significant improvements in weight, BMI, waist circumference, and glucose, insulin, and prolactin levels.

Conclusions

Discontinuation of risperidone was associated with deterioration on some, but not all behavioral measures and with several health improvements. Although 56% of participants in the discontinuation group experienced relapse, causing premature withdrawal from the study, 44% was able to successfully discontinue risperidone use, which was associated with important health gains. This emphasizes the need for attempting discontinuation of long-term risperidone in clinical practice.



The expected and the unexpected in recovery and development after abuse and neglect: The role of early foster carer commitment on young children's symptoms of attachment disorders and mental health problems over time

Abstract ID: 543

Symposium: S3 - Pathways from early trauma to mental health outcomes: A Lifespan perspective

Presenting author: *Fiona Turner, University of Glasgow Institute of Health and Wellbeing Glasgow, UNITED KINGDOM*

Background/Objective

Background: Whilst we know that foster care is better than institutional care for abused and neglected children, we know less about the specific qualities of foster care that are important for their development and recovery from maltreatment effects. Objective: This is the first study to investigate the effects of foster carer commitment on symptoms of Attachment Disorders (AD) and mental health problems in young children post-maltreatment.

Method

144 children, age 0-5, recently accommodated into foster care as part of an ongoing Randomised Controlled Trial. Children were assessed using the Disturbances of Attachment Interview and the Strengths and Difficulties Questionnaire, then followed up 1 and 2.5 years thereafter. Commitment of the foster carer was measured by 'This Is My Baby' interview. Multiple regression was used to analyse the data.

Results

Higher initial foster carer commitment, measured shortly after entry to care, was associated with a reduction in Reactive Attachment Disorder symptoms one year after placement, with a modest (non-significant) association persisting 2.5 years later. Initial commitment was not associated with symptoms of Disinhibited Social Engagement Disorder at any time point, nor with symptoms of mental health problems at 1 year. However, higher initial commitment was unexpectedly associated with higher mental health symptom scores at 2.5 years post-placement.

Conclusions

This study highlights the complex and non-linear development of children in committed foster care,

underscoring the need to examine multiple time-points and to consider symptoms of Attachment Disorders separately from those of other mental health problems.



KELPIE, a pilot study of animal-assisted intervention in child and adolescent psychiatry to build a therapeutic relationship.

Abstract ID: 544

Symposium: S41 - Crossing borders: Animal-assisted therapy in childpsychiatry

Presenting author: *Andrea Schmitz, LVR Clinic Psychiatry, Psychosomatic and Psychotherapy for children and adolescence Viersen, GERMANY*

Background/Objective

Animal-assisted therapy has been carried out for more than 10 years in the Child and Adolescent Psychiatry Department of the LVR Clinic Viersen (Germany) with dogs and in the University Center for Child and Adolescent Psychiatry Karakter of the University of Nijmegen (Netherlands) with ponies. This pilot study is based on the research question, "Does a patient communicate more with a psychotherapist when a dog or pony is included in the therapeutic conversation as part of an animal-assisted intervention?"

Method

This bicentre pilot study is an Investigator Initiated Trial (IIT) in the sense of an observational study in the context of psychotherapeutic care. The interventions were conducted by a therapist unknown to the child. Each child was asked various questions on the topics of emotions, own abilities, own concept of family and friendship, and own wishes. The order of the questions was determined by the animal in intervention group A, and by drawing a corresponding card in intervention group B. Each patient received both interventions, the order of the interventions alternated between the study participants. The interventions were videotaped, will be transcribed and words counted. A qualitative evaluation of the videos is planned.

Results

A total of 39 patients aged 10 to 12 years were enrolled in the study and the initial results are presented, as are the limitations.

Conclusions

A clearer understanding of animal interventions still needs to be developed for good research.

Co-authors:

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Art therapy: workingmechanisms and the effects on a 11y outpatient

Abstract ID: 550

Symposium: S40 - Arts therapies for children and adolescents with psychosocial problems

Presenting author: Dimphy Fikke, University Medical Centre Utrecht Brain, Psychiatry Utrecht, THE NETHERLANDS

Background/Objective

An 11 year old girl, with an immigration background third generation, is presented with affective problems, acoustic and visual hallucinations after severe social stress. Primary diagnose is an affective disorder, hallucinations are being understood from having difficulties coping with stress. She is ashamed of being bullied and in general muted, restrained about her emotions. Her stresslevels obstruct her in any 'selfmanifestation' both verbal (processing verbal information) as nonverbal (e.g. discomfort with sensory processing, space occupancy. avoiding eyecontact). Art therapy is indicated to help her improve her affectregulation and to develop a positive selfimage.

Method

While constructing an art therapeutic alliance - characteristic is that words are not necessarily needed- her strengths, preferences and needs become recognized by observation of her choices in the use of art materials and patterns in her movements and (artistic) selfexpression. In weekly sessions she is consequently supported and stimulated to use (explore, experience) manners to communicate and express herself, other than through verbal language and cognition. She clearly prefers exercises with a high degree of autonomy, and successfully starts to use her art as exposure to her own fears.

Results

In short term, acoustic and visual hallucinations get completely in remission. Communication about her emotions (in exercises and spontaneous selfexpression) improves, and during Covid she is able to preserve a therapeutic process using photos and digital art to communicate her states of being.

Conclusions

Art therapy has been more effective than medication and psychotherapy due to the nonverbal elements decreasing stresslevels, supporting authentic (self)expression and improving selfesteem.



The impact of maternal prenatal anxiety on infant socioemotional development at 18 months: a longitudinal study

Abstract ID: 553

Symposium: S96 - Effects on perinatal stress

Presenting author: Takoua BRAHIM, *Université de Rouen / CH le Rouvray pédopsychiatrie Rouen, FRANCE*

Background/Objective

There are a growing body of literature reporting the influence of prenatal maternal stress on the offspring's' development. However, the impact of anxiety on the long term socioemotional development varies between studies. The objective of the present research was to analysis the impact of maternal perinatal anxiety on infant socioemotional characteristics at age 18 months.

Method

we conducted a longitudinal prospective study, including 205 low-risk pregnant women and their infants. The assessment of maternal anxiety was carried during pregnancy. Infants socioemotional development was assessed at 18 months (\pm one month).

Results

We found a weak positive correlation between mothers' prenatal state anxiety levels and infant scores related mainly to externalizing symptoms and eating problems at 18 months. There was a modest positive correlation between mothers' prenatal trait anxiety levels and infants externalizing and internalizing disorders. Prenatal trait anxiety levels were also positively correlated with Attitude towards food symptoms and Inadaptation scores.

Conclusions

Anxiety traits seem to had a more severe impact on the infant socioemotional development at 18 months than anxiety state during pregnancy. The influence of anxiety traits on maternal care and interactions with her child after birth could be one of the possible explanation of this results.

Co-authors:

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Locked down with my Eating Disorder: a retrospective study on the impact of COVID-19 lockdown on adolescents with ED

Abstract ID: 555

Symposium: S61 - European perspectives on the impact of the COVID-19 pandemic on the development and course of eating disorders in youth

Presenting author: Nadia Micali, *University of Geneva Psychiatry Geneva, SWITZERLAND*

Background/Objective

The COVID-19 pandemic and resulting lockdown were extraordinary, unique and unexpected events. In the field of the Eating Disorders (ED), the effects of COVID-19 lockdown have been mostly investigated in adult samples. Some studies have shown a worsening of ED symptoms in adult ED populations, some a positive impact on motivation to recover. Here we aimed to: 1) determine the effect of lockdown on ED symptoms in children and adolescents in treatment; 2) identify family and individual factors that might have contributed to symptom change.

Method

A retrospective survey was developed and sent to a sample of 66 patients attending our specialist children and adolescent clinic, at the Hopitaux Universitaires de Geneve, Switzerland. Socio-demographic and clinical features were collected as part of routine clinical collection. Participants were asked to rate the effect of COVID-19 lockdown on a range of ED symptoms comparative to pre-lockdown.

Results

Amongst those eligible, 47 (response rate=77%) completed our online questionnaire. Mean age was 14 years of age, 77.4% were girls. Overall 46.7% reported symptoms improvement and 53.3% a worsening of symptoms. Being in treatment and age were associated with improvement in symptoms.

Conclusions

Our preliminary results suggest that COVID-19 lockdown resulted in similar percentages of symptom improvement and worsening. Symptoms that mostly worsened were: food restriction, fear of weight gain, physical activity, binge eating, and snacking. Identifying factors related to improvement of ED symptoms during lockdown might provide important knowledge on factors that might need boosting during routine ED treatment, and help us better support individuals and families.



Gut microbiota and Anorexia Nervosa. A systematic review and quantitative synthesis of pooled microbiological data

Abstract ID: 559

Symposium: S71 - The microbiome-gut-brain axis in Anorexia nervosa

Presenting author: Laura Di Lodovico, *GHU Paris Psychiatrie Clinique des Maladies Mentales et de l'Encéphale Paris, FRANCE*

Background/Objective

Perturbations of gut microbiota may play a role in Anorexia Nervosa (AN), influencing cognitive, behavioral and metabolic aspects. The aim of our research was to provide a systematic review of all studies comparing the gut microbiota of patients with AN with those of healthy controls, and to perform a quantitative synthesis of the pooled clinical and microbiological data, when available.

Method

Human studies investigating the gut microbiota in patients with AN were included. Microbiome datasets

from studies using the same sequencing methods were pooled and analyzed. Alpha- and beta-diversity indexes, and the relative abundance of microbial species, were compared between AN patients and healthy controls. Their correlation with clinical indicators, such as body mass index, was also investigated.

Results

Nine studies were eligible for the systematic review, of which 4 were included in the quantitative synthesis. The latter showed a slight increase of alpha-diversity ($d < 0.4$) and comparable beta-diversity between AN and healthy controls. Out of the 46 common species compared, three had a large combined effect size ($d \geq 0.9$) to differentiate patients from controls, namely *Alistipes*, *Parabacterioides* and *Roseburia*. The latter was also correlated with BMI ($\rho = 0.29$).

Conclusions

The decrease of butyrate producers, and the increase of mucine-degrading species, may represent hallmarks of gut microbiota alterations in AN, and interesting potential therapeutic targets. Standardized research methods are still invoked to improve comparability among studies.

Co-authors:

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Predicting follow-up outcome of the CBT-skillstraining START NOW for female adolescents with conduct disorder and oppositional defiant disorder

Abstract ID: 564

Symposium: S69 - Female adolescent conduct disorder: Neurobiological findings and their relation to intervention outcome.

Presenting author: Christina Stadler, University Hospital Department of Child and Adolescent Psychiatry Basel, SWITZERLAND

Background/Objective

Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD) during adolescence convey a high risk for maladjustment later in life. This project aimed to evaluate the efficacy of a group-based intervention in female adolescents with CD/ODD living in youth welfare institutions and to investigate predictors of intervention success.

Method

This prospective, cluster-randomised, multi-centre, parallel group, controlled trial tested the efficacy of the START NOW program compared to treatment as usual (TAU). 127 Participating girls (12-20 years) diagnosed with CD/ODD and institutionalized in youth welfare institutions received START NOW, a behavioral-cognitive, DBT-oriented skills training; TAU consisted of standard care provided by institutions. Primary endpoint was change in number of CD/ODD symptoms assessed by standardized clinical interview at baseline (T1), post-treatment (T3), and 12-weeks follow-up (T4). Predictors for intervention success included baseline ODD/CD symptom severity, internalizing psychopathology, trauma, psychopathic traits and neuronal correlates at baseline.

Results

Intention to treat analysis (START NOW: n=72; TAU: n=55) based on 10 imputed datasets, revealed no significant difference in symptom reduction between START NOW and TAU from T1 to T3 (mean difference=-0.056; 95%-CI=-1.860-1.749; Hedge's g=-0.011), but from T1 to T4, with the START NOW group showing greater symptom reduction (mean difference=-2.326; 95%-CI=-4.274, -0.378; Hedge's g=-0.563). Intervention success from T1 to T4 was predicted by CD/ODD symptoms at baseline ($p < .05$).

Conclusions

Adolescent girls diagnosed with CD/ODD did not showed greater symptom reduction from baseline to post-treatment after START NOW, but from baseline to a 12 weeks follow-up, suggesting a delayed treatment effect. Furthermore, the most severely affected girls profited most.

Co-authors:

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Brief intensive cognitive behavioral therapy for children and adolescents with OCD: Findings of two international pilot studies - Part 1

Abstract ID: 569

Symposium: S65 - Recent developments in the treatment of childhood obsessive-compulsive disorder

Presenting author: Marjolein Bus, *Levvel DAT expertise centrum Amsterdam, THE NETHERLANDS*

Background/Objective

In Amsterdam (Levvel) a brief intensive group cognitive behavioral therapy protocol (BIG-CBT) for pediatric OCD was developed. This intensive treatment consists of 5 consecutive days of group CBT (9- 4 PM, ca. 6 clients), exposure and response prevention were core ingredients. The Dutch team gave training in this treatment to the Swiss Zurich team. The first part of the presentation will focus on development of the protocol, clinical experience in Amsterdam and transfer the study design to Switzerland. Data from the open trial of the Amsterdam will be presented. Purpose: 1) to study treatment outcome of BIG-CBT, 2) to investigate the influence of potential predictors on treatment outcome. .

Method

Study 1 (n= 59) was a retrospective study executed in Amsterdam in the academic center for child and adolescent psychiatry (LEVVEL).

Results

The results showed a significant decrease from pre- to post-treatment on the Children's Yale-Brown Obsessive Compulsive Scale mean scores. In the dutch study, 44% of participants met the criterion for treatment responder at post-treatment ($\geq 35\%$ improvement. Age and gender did not predict treatment outcome

Conclusions

The results indicate that brief, intensive treatment can become a valuable contribution a to standard clinical care for pediatric OCD.



Supportive Parenting for Anxious Childhood Emotions (SPACE) for children/adolescents with an obsessive-compulsive disorder.

Abstract ID: 570

Symposium: S65 - Recent developments in the treatment of childhood obsessive-compulsive disorder

Presenting author: Margo van der Stelt, *Levvel Dwang-Angst-Tics (DAT)-expertise centrum Amsterdam, THE NETHERLANDS*

Background/Objective

Obsessive compulsive disorder (OCD) in children has a disruptive effect on daily and family life. The obsessions and compulsions can control the whole family life and often forces parents to make major adjustments.

Method

This presentation explains the methodology of the innovative Supportive Parenting for Anxious Childhood Emotions (SPACE) program. SPACE is based on cognitive behavioral therapy (CBT) and

Nonviolent Resistance. SPACE offers parents tools to support their child in tackling the OCD behavior and anxiety. The program focuses specifically on family accommodation and supportive parenting. Children who are too limited by their OCD to come for individual treatment themselves, can thus be treated through their parents. In the United States, SPACE as a 'parent stand alone' intervention was found to be as effective as CBT for children ('child alone treatment') with anxiety (Lebowitz et al., 2020).

Results

The methodology of SPACE, the first experiences and the design of a pilot study on SPACE in children / young people with OCD will be explained. In addition, the innovative questionnaires (Lebowitz & Omer, 2013) that focus on measuring both the child's behavior and the reaction of parents to the coercion will be discussed. It concerns a child and parent version of a family accommodation scale-anxiety questionnaire (FASA & FASA-CR). These questionnaires are used in the pilot study for the pre- and post-treatment measurements.

Conclusions

This innovative study is the first in which SPACE is used in children/young people with treatment resistant-OCD. SPACE is a promising new intervention in the field of pediatric OCD treatment.

Co-authors:

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Child and adolescent psychiatry in the Netherlands: patterns of change over the last 25 years

Abstract ID: 571

Symposium: S91 - Network of CAMHS

Presenting author: Frits Boer, Amsterdam UMC Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

The Child and Adolescent Department of the Dutch Association of Psychiatry has regularly investigated the practice patterns of its members, since 1996 until 2021, both to investigate the future need for child and adolescent psychiatrists and to determine possible differences between practice in institutional and private settings.

Method

Postal surveys, send out to all members of the Child and Adolescent Department in 1996, 2003, 2012 and 2021.

Results

The number of child- and adolescent psychiatrists has almost doubled between 1996 and 2012. The demographic composition shows a outspoken feminization, which reflects a trend in the field of medicine as a whole. Psychiatrists in private practice originally offered psychotherapy. Nowadays private

practitioners provide protocollized treatments, and medication. The 1996 survey indicated an decrease of active professionals, which led to an increase in training positions. The introduction of a Youth Act in 2015, which placed child- and adolescent psychiatry under the responsibility of the municipalities led to important dissatisfaction among professionals and a decline in trainees.

Conclusions

The investigation of patterns in the practice of child- and adolescent psychiatry in the Netherlands reflects: 1. a feminization of the field; 2. a move from a more psychotherapeutically oriented practice, to more hybrid forms, including psychopharmacological treatment; 3. the influence of governmental actions, stimulating the field around 2000 with an increase in training positions and hampering the field in 2015, by introducing a Youth Act, placing child- and adolescent psychiatry under the responsibility of municipalities.



Networks of animal-assisted therapy in child and adolescent psychiatry - state of the art

Abstract ID: 573

Symposium: S41 - Crossing borders: Animal-assisted therapy in childpsychiatry

Presenting author: Ingo Spitzcok von Brisinski, *LVR-Klinik Viersen Child & Adolescent Psychiatry Viersen, GERMANY*

Background/Objective

Animal-assisted therapy has been offered to children and adolescents with mental disorders for many years. However, the implementation does not always take place under consistent application of empirically proven research results and quality assurance measures. In particular, networking of animal-assisted therapy with child and adolescent psychiatric and psychotherapeutic expertise is not always guaranteed.

Method

Systematic review of current empirical research on animal-assisted therapy and quality standards with special emphasis on networking.

Results

In recent years, the quantity and quality of empirical research has increased significantly, especially on animal-assisted therapy for autism spectrum disorders. The quality standards of implementation have improved significantly, including suitability testing of the animal and application of regular veterinary measures, training of animal and therapist, and ensuring animal welfare. Only a few publications are available on systematic networking of the different providers of animal-assisted therapy with child and adolescent psychiatric and psychotherapeutic competence.

Conclusions

Empirical studies on animal-assisted therapy for mental disorders in children and adolescents need to be further advanced and especially the networking of the different providers of animal-assisted therapy

with child and adolescent psychiatric and psychotherapeutic competence to ensure a sufficiently comprehensive and effective treatment.

Co-authors:

Andrea Schmitz, LVR-Klinik Viersen Child & Adolescent Psychiatry Viersen, GERMANY



Feasibility and efficacy of a personality-targeted intervention for neglected adolescents in institutional and family care

Abstract ID: 579

Symposium: S63 - New neuro-cognitive precursors for tailored prevention of mood disorders in adolescents

Presenting author: Florin Tibu, Stefan cel Mare University of Suceava Department of Biomedical Sciences Suceava, ROMANIA

Background/Objective

Early institutional care is a severe form of psychosocial adversity with long-term consequences for children, including cognitive, emotional and social deficits and high levels of psychopathology. Interventions following institutionalization, for example removal from institution and placing the child in family care, can remediate some of these problems, although others, like executive functioning deficits and externalising symptomatology, usually remain unaffected.

Method

Eighty Romanian adolescents (age range: 10-17 years) in institutional or family care completed a personality risk questionnaire and 43 of them scored high on at least one of the 4 traits (negative thinking/hopelessness, anxiety sensitivity, impulsivity and sensation seeking). The high score children were included in a pre-post pilot study of a brief personality-targeted intervention to address their executive functioning and psychopathology problems. Feasibility was assessed based on the number of children who completed the intervention and feedback questionnaire administered immediately after the intervention. Adolescent outcomes are measured 3 months and 6 months post-intervention.

Results

More children in institutional care scored high on the personality risk measure than children in family care. Feasibility results indicated high adherence rates, together with high acceptability and reduced stigmatization, according to participant feedback.

Conclusions

Being raised in an institution associates with higher scores on a personality risk factor measure, which may associate with persisting behavioral and emotional problems during adolescence and beyond. Brief psychotherapy interventions targeting personality risk factors in neglected adolescents are promising and feasible tools with high acceptability and low stigmatization, according to feedback from participants.

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How to treat pandemic scars?

Abstract ID: 581

Symposium: S82 - COVID-19 Session 1

Presenting author: *Milica Pejovic Milovancevic, Institute of Mental Health Department for Child and Adolescent Psychiatry Belgrade, SERBIA*

Background/Objective

According to reports, 13% of all COVID infections are infections of children and young people up to 20 years of age. The number of hungry, isolated, abused, anxious is increasing. As a consequence of the pandemic, there are also economic consequences - an increase in poverty among children in developing countries by almost 15% and an increase in child malnutrition of 14%, over 94 million children in the world were at risk of not being vaccinated against measles. When it comes to the mental health of children and parents - every 7th child has been in quarantine for almost a year - which makes them anxious, depressed. Having in mind the interruption or significant changes in the schooling process for 160 and more million children, by reducing their access to education, socialization and basic services, including those related to health, nutrition and protection.

Method

In this paper, we analyze the consequences for the somatic and mental health of children and their families during the covid-19 pandemic.

Results

We present the results of an extensive study on the population of children treated at the Institute of Mental Health for the past two years.

Conclusions

Children and children face the risk of becoming the greatest victim of self-indulgence in almost all key parameters of childhood. The answers of both the System and the Institute of Mental Health will be presented.



Brief intensive cognitive behavioral therapy for children and adolescents with OCD: Findings of two international pilot studies - Part 2

Abstract ID: 582

Symposium: S65 - Recent developments in the treatment of childhood obsessive-compulsive disorder

Presenting author: Veronika Mailänder Zelger, University of Zurich University Hospital for Child and Adolescent Psychiatry Zurich, SWITZERLAND

Background/Objective

In addition to the Dutch study, the aim of the Zurich study is to investigate the effectiveness of intensive treatment weeks over a longer period of time.

Method

Even in the Switzerland Study the brief intensive group (BIG-CBT) treatment for children and adolescents with OCD was provided in the same standardized way, using a group format (usually 4-8 participants), with a maximum 2:1 ratio participants-therapists. The Switzerland Study (n = 28) is a prospective study. BIG-CBT consisted of 5-day CBT in a group format, with exposure and response prevention as the main elements.

Results

Both studies showed a significant decrease from pre-to post-treatment on the Children's Yale-Brown Obsessive Compulsive Scale mean scores. The Switzerland Study is an ongoing study. The newest results (including the 3 months follow-up) will be presented and discussed with the audience.

Conclusions

We consider the present findings to be promising, indicating that (BIG)-CBT could have added value to standard clinical care for youth with OCD.



Linking heart rate variability emotion regulation and brain structure in adolescents with and without conduct disorder

Abstract ID: 583

Symposium: S69 - Female adolescent conduct disorder: Neurobiological findings and their relation to intervention outcome.

Presenting author: Antonia Tkalcec, University Hospital of Basel Department of Child and Adolescent Psychiatry Basel, SWITZERLAND

Background/Objective

Heart rate variability (HRV) has been suggested as a potential bio-marker for mental health and for

emotion regulation capacities. This project investigate the association between HRV and measures of emotional and cognitive control in patients with conduct disorder (CD) and typically developing adolescents (TD) by using an emotional Go/NoGo paradigm assessing both emotional and cognitive control. In addition, we investigated the association between HRV and key brain regions of interest.

Method

HRV data was collected during a five-minute baseline condition using a combination of electrocardiography and impedance cardiograph. As index of HRV we used the Respiratory sinus arrhythmia (RSA). Behavioural analyses was conducted using multilevel mixed-models to account for differences between participating sites. Analysis of high resolution T1-weighted brain imaging data from 257 CD and 321TD participants focused on grey matter volumes (GMV) differences. We conducted a regions-of-interest, Voxel-based Morphometry (VBM) analysis using the cat12 toolbox of the Statistical Parametric Mapping software (SPM) in MATLAB, with threshold-free cluster enhancement (TFCE, 5000 permutations), including total intracranial volume, IQ, age and site as covariates of no interest.

Results

Across all participants, increased reaction time was associated with lower RSA in emotional control trials ($p = .027$). VBM analysis showed a significant association between RSA and GMV in the left anterior insula ($p_{FWEcorr} = 0.024$, TFCE value = 586.00, MNI coordinates[x,y,z] = [-38 2 18], 279 voxels).

Conclusions

Our results suggest that HRV measures are specifically related to emotion regulation processes in behaviour and relevant brain structures, both in CD patients and TD.

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Wrist Angel: A Wearable AI Feedback Tool for OCD Treatment and Research

Abstract ID: 584

Symposium: S65 - Recent developments in the treatment of childhood obsessive-compulsive disorder

Presenting author: *Nicole Lønfeldt, Copenhagen University Hospital Child and Adolescent Mental Health Center Copenhagen, DENMARK*

Background/Objective

Psychiatry can benefit from a technological upgrade. Wearable sensors and artificial intelligence (AI) have the potential to identify when someone needs psychiatric services, make high quality treatment widely available, and increase engagement and habituation. We aim to improve assessment of and treatment for children and adolescents with OCD by creating AI tools capable of automatic detection and prediction of OCD severity and AI-suggested interventions that support patients, parents, and therapists. As a first step, we test the feasibility of using a wearable biosensor to monitor OCD events and severity.

Method

Physiological indicators of autonomic nervous system activation are used as input to signal processing and machine learning algorithms designed to predict OCD-related distress in patients and their parents. In this ongoing pilot study, we are passively collecting pulse, skin conductance and skin temperature of 10 youth (8-17 years old) with OCD and one of their parents and 10 youth without a psychiatric diagnosis and one of their parents over 8 weeks using the E4 wristband - a wearable biosensor. At baseline and week 8, physiological signals are collected under controlled conditions of stress and social interaction. The stress condition for patients is an exposure session. Youth and parents provide saliva samples before and after each condition to measure oxytocin, a putative biomarker of family accommodation.

Results

Covariation between physiological signals and established clinical and affiliative outcomes over time will be explored.

Conclusions

We will discuss the extent to which patients and parents accepted wearing the biosensor and the characteristics of the data.

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Early brain structural correlates associated with or predating depression in early or late adolescence

Abstract ID: 585

Symposium: S63 - New neuro-cognitive precursors for tailored prevention of mood disorders in adolescents

Presenting author: Marie-Laure Paillère Martinot, APHP, Pitié-Salpêtrière Hospital Child and Adolescent Psychiatry PARIS, FRANCE

Background/Objective

Depressive disorders have been associated with brain changes but their meaning in the context of adolescence brain maturation is not clear. We longitudinally investigated brain morphometry and white matter (WM) microstructure in community adolescents followed up from early adolescence to young adulthood who presented with depression at age 14 or with depressive outcomes at age 22.

Method

Depressed participants and matched healthy controls were recruited from a community-based cohort (IMAGEN study). They were clinically assessed and scanned using high-resolution structural magnetic resonance imaging and Diffusion Tensor Imaging. Changes in regional gray matter (GM) volumes, and WM microstructure were investigated in both samples using whole-brain voxel-based morphometry, and TBSS to analyze diffusion MR images, across adolescence.

Results

Early depression diagnosis was associated with persistent smaller gray matter volumes mainly in prefrontal regions, throughout adolescence. In young adults with depression, subtle gray matter alterations were found, while massive gray matter alterations predated the first depressive symptoms. In both samples, depressed participants exhibited widespread WM microstructural changes at baseline that disappeared at follow up.

Conclusions

The findings suggest developmental alterations, involving extended gray matter regions, and a number of white matter tracts. Overall, the results suggest altered GM developmental patterns and WM developmental delays in both groups.

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Targeting the Nucleus accumbens to prevent depression: evidence from a mouse model

Abstract ID: 586

Symposium: S63 - New neuro-cognitive precursors for tailored prevention of mood disorders in adolescents

Presenting author: Catherine Belzung, University of Tours iBrain Tours, FRANCE

Background/Objective

Major depressive disorder in adolescents represents a huge medical issue worldwide. Subthreshold depression among adolescents is even more prevalent, is related to a higher number of depressive episodes at adulthood, and is associated with a risk for treatment-resistance at adulthood. Therefore, there is a need for acquiring knowledge on the neuronal underpinnings of adolescent depression, as this will enable to develop innovative therapies targeting these alterations. However, currently no animal model has been proposed to model adolescent depression. Further, no therapy based on the neuronal underpinnings have been proposed. The objective of this research was 1) to design an animal model of adolescent depression, b) to investigate the neural underpinnings, c) to design interventions based on the neural signatures identified.

Method

Methods relied on animal models, behaviour, PET imaging and chemogenetics.

Results

This study permitted: a) to assess the relevance of two animal models based either on spontaneous variability among a cohort of mice or on social isolation at adolescence, b) to identify the neural underpinnings of the adolescent depression. More specifically, we identified the nucleus accumbens as a possible target of neuro-interventions. c) to assess the effectiveness of chemogenetic manipulations on the depressive like-phenotype.

Conclusions

In conclusion, animal models may help in identifying targets and in designing interventions to prevent adolescent depression.

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CHANGES IN THE GUT MICROBIOME IN AN ANIMAL MODEL OF ANOREXIA NERVOSA

Abstract ID: 587

Symposium: S71 - The microbiome-gut-brain axis in Anorexia nervosa

Presenting author: Stefanie Trinh, *University Hospital RWTH Aachen Institute of Neuroanatomy Aachen, GERMANY*

Background/Objective

The composition of the intestinal bacteria (microbiota) are causally involved in the regulation of body weight. Gut microbiota also play a role in psychiatric disorders such as depression and anxiety disorders via the gut-brain axis. Recent studies have also shown alterations in the gut microbiome of patients with anorexia nervosa (AN). Therefore, in this study, microbiome alterations and their association with the brain are analyzed in an AN animal model.

Method

The activity-based anorexia (ABA) model is well-established and can mimic some symptoms of AN. Rats in the ABA model that are subjected to food reduction and have access to a running wheel exhibit body weight loss, hyperactivity, brain volume loss, and amenorrhea. Fecal samples from these animals were analyzed for composition after chronic food reduction using 16S rRNA gene amplicon sequencing. In addition, the brain was examined at morphological and molecular levels.

Results

After chronic starvation, significant differences in microbiome composition were evident between ABA rats and controls. There was an increase in alpha diversity and significant differences in beta diversity after starvation. In addition, the relative abundance of some bacterial species was altered. Furthermore, associations between alpha diversity, altered bacterial species and brain volume were shown.

Conclusions

The translational ABA model appears to be a useful tool to study the microbiota-gut-brain axis. More detailed knowledge of the interplay between gut microbiota and the brain could lead to new therapeutic approaches with pro- and prebiotics and even fecal microbiota transplantation for patients with AN.

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PTBP2 – a gene with relevance for both Anorexia nervosa and body weight regulation

Abstract ID: 589

Symposium: S89 - Genetics

Presenting author: Yiran Zheng, University of Duisburg-Essen 1Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Essen, GERMANY

Background/Objective

Genetic factors are relevant for both eating disorders and body weight regulation. A recent genome-wide association study (GWAS) for anorexia nervosa (AN) detected eight genome-wide significant chromosomal loci. One of these loci, rs10747478, was also genome-wide significantly associated with body mass index (BMI). The nearest coding gene is the Polypyrimidine Tract Binding Protein2 gene (PTBP2), 285.8 kb downstream of rs10747478.

Method

To detect mutations in PTBP2, Sanger sequencing of the coding region was performed in 192 female patients with AN (acute or recovered) and 191 children or adolescents with (extreme) obesity.

Results

Twenty-five variants were identified; 23 of these were predicted to be pathogenic in in-silico tools. Two novel synonymous variants (p.Ala77Ala and p.Asp195Asp) located in the highly conserved region of PTBP2 were detected in one female patient with AN each. In a GWAS for BMI (Pulit et al. 2018), the number of genome-wide significant associations at the PTBP2 locus was different between males (60 variants) and females (2 variants, one of these also significant in males). More than 65% of these 61 variants showed differences in the effect size pertaining to BMI between sexes (absolute value of Z-score > 2, two-sided $p < 0.05$). One LD block overlapping 5'UTR and all coding regions of PTBP2 comprises 56 significant variants in males.

Conclusions

The functional effects of the detected variants are not easily discernible. However, the analysis based on sex stratified BMI GWAS summary statistics implies that PTBP2 may have a more pronounced effect on body weight regulation in males than in females.

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Associations between childhood autistic traits and adolescent eating disorder behaviors are mediated by fussy eating

Abstract ID: 590

Symposium: S31 - Unpicking the Overlap between Autism and Eating Disorders: Developmental Pathways in Childhood and Adolescence

Presenting author: Virginia Carter Leno, King's College London Institute of Psychiatry, Psychology & Neuroscience London, UNITED KINGDOM

Background/Objective

Previous literature shows an increased risk for eating disorders in autistic individuals. The mechanisms

of effect are unclear. This study tested whether fussy eating contributes to the association between autistic traits in childhood and eating disorder behaviors in adolescence.

Method

Using data from the Avon Longitudinal Study of Parents and Children, we estimated the intercept and slope of change in parent-rated autistic traits and fussy eating between the ages of 7 – 14 years (N=8,982). Models tested associations between autistic traits, fussy eating, and self-reported eating disorder behaviors at age 14 years, and specifically tested the indirect pathway from autistic traits intercept to eating disorder behaviors via the slope of change in fussy eating. Analyses adjusted for child sex, maternal age at delivery, maternal body mass index and maternal education.

Results

Analyses found a small indirect pathway from autistic traits intercept to eating disorder behaviors via fussy eating slope ($b = .017$, 95% CI = $.002 - .032$, $p = .026$), with higher levels of autistic traits at age 7 years being associated with a shallower decline in fussy eating between 7 – 13 years, which in turn was associated with higher levels of eating disorder behaviors at age 14.

Conclusions

Findings point towards the potential importance of early intervention in children with high levels of autistic traits, or those with a clinical diagnosis of autism, who have concerning patterns of fussy eating. Addressing restrictive patterns of eating before said patterns become entrenched may decrease risk for eating disorders later in development.



Change of mentalization in relation with specific interventions within mentalization-based psychotherapy of adolescents with conduct disorder – a comparative case study

Abstract ID: 591

Symposium: S9 - Mentalizing Externalizing disorders: from psychological processes to focused interventions - MBT group

Presenting author:

Background/Objective

Conduct disorder (CD) in childhood and adolescence is described as particularly challenging. It is considered difficult to treat and the prognosis is judged to be poor. At the same time, its prevalence is very high, making it one of the most common behavioral disorders in childhood and adolescence. Effective therapeutic measures are therefore of utmost relevance. Mentalization-based therapy for CD (MBT-CD) appears promising. Especially in CD, understanding one's own as well as others' mental states could lead to a reduction of dysfunctional behavior. Indeed, impairments in mentalizing ability were shown in adolescents with CD (Cropp, Alcantrowicz & Taubner, 2019). However, it is unknown how mentalization can be changed in CD. One goal of this study is to highlight the influence of specific therapeutic interventions on mentalizing as well as a favorable structure of interventions. This should

lead to a differentiated understanding of processes within therapy sessions and therapy trajectories as well as support the development of therapy manuals.

Method

For this purpose, the therapy trajectories of three male adolescents will be examined using five therapy sessions over the course of therapy. First, the 15 videotaped sessions are transcribed, rated for Reflective Functioning (RFS; Fonagy, Target, Steele & Steele, 1998) as well as type of intervention interventions (e.g., Empathic Validation, Challenge, etc.). The blinded ratings focus on changes in mentalizing and the relation to certain interventions analysing sentence-by-sentence micro changes.

Results

The coding procedure is currently ongoing so that the results

Conclusions

and their implications will be presented and discussed at the conference.

Co-authors:

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Mentalization-based treatment for adolescents with Conduct Disorder (MBT-CD): a feasibility study

Abstract ID: 592

Symposium: S9 - Mentalizing Externalizing disorders: from psychological processes to focused interventions - MBT group

Presenting author: Sophie Hauschild, University Hospital Heidelberg Institute for Psychosocial Prevention Heidelberg, GERMANY

Background/Objective

Conduct disorder (CD) is a common psychiatric disorder in youth. Symptoms are patterns of aggressive behavior towards people or animals, destruction of other people's property, norm-violating behavior and deceitfulness or theft. CD often has an unfavorable prognosis. With respect to individual and societal burden, feasible and effective treatments for adolescents with CD are desirable. Yet, treatments and research in this patient group are scarce. To improve psychotherapeutic care for adolescents with CD, this study investigates the feasibility of the newly developed mentalization-based treatment for adolescents with CD in terms of acceptability of intervention and scientific assessments by the patients as well as necessary organizational resources to conduct a consecutive randomized controlled trial (RCT).

Method

Quantitative and qualitative were descriptively and qualitatively analysed. Pre to post treatment changes in diagnosis and self-report data were preliminarily analysed.

Results

Adolescents of the target group were successfully recruited. Treatment and scientific investigations were conducted. However, drop-out rates were high (42%). Yet, drop-out of treatment occurred primarily in the first two sessions of therapy (80 % of drop-outs). Scientific adherence was somewhat lower than therapy adherence and follow-up scientific adherence was low (25% of treatment completers).

Conclusions

Findings provide a sound basis for conducting a consecutive feasibility and pilot RCT and relevant information for a definitive RCT. Results highlight the need to work on active engagement of the adolescents. Both treatment and scientific adherence seem to be fostered by familiarity of patients with personnel and locality. Treatment centres should optimally be able to access already established recruitment networks.

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How building CAP competence for trainees through online format? An exploratory qualitative study.

Abstract ID: 593

Symposium: S51 - CAP training during the pandemic

Presenting author: Marie-Aude PIOT, *University of Paris Child and adolescent Psychiatry Paris, FRANCE*

Background/Objective

Exclusive online format imposed by pandemic creates the risk to limit the scope of learning. We aimed to explore the experience of trainees about online CAP training to try understanding how this experience can support CAP competences development.

Method

We conducted a qualitative pilot exploration following Interpretative phenomenological analysis (IPA). Five trainees were purposively sampled. Each completed a one-day ECAP training. Focus-group were conducted before and after training.

Results

Trainees from Greece, Egypt, Switzerland and Lybia reported their expectations, anticipated limits and opportunities of online format before training. All expressed satisfaction about theoretical knowledge learning after training whereas ambivalent position was mentioned regarding interactivities with peers and professors. Some emerging learnings were reported by trainees aftermath, while convenient limits to apply it were developed, both related to online training and current trainees conditions. Overall, unexpected benefits emerged from original interactive workshops which may partially help to go beyond recognized limits of online format. Furthermore, essential advantages emerged thanks to its easier accessibility for trainees from middle or low-income countries.

Conclusions

Despite assumed limits, effectiveness of online format could be increased with small group, learner-centered approach and appropriate training of trainer, interactive and well-designed format, and wider opportunities for trainees to have exchanges each other's. Opportunities to replay registration as well as consulting literature references real-time appeared as an essential benefit. Finally, ethical concerns regarding socioeconomical inequalities may be partly overcome by online format: sharing update researches and clinical practices among middle and low-income countries as well as affiliation to a global CAP community.



Childhood eating disorders and autism spectrum disorder in UK primary care electronic health records: comorbidity and longitudinal outcomes

Abstract ID: 594

Symposium: S31 - Unpicking the Overlap between Autism and Eating Disorders: Developmental Pathways in Childhood and Adolescence

Presenting author: Francesca Solmi, UCL Division of Psychiatry London, UNITED KINGDOM

Background/Objective

Avoidant/Restrictive Food Intake Disorder (ARFID) typically emerges in childhood and early adolescence, and it is thought to be more common in boys and children with neurodevelopmental conditions, including autism spectrum disorder (ASD). However, research on the comorbidity between ARFID and neurodevelopmental disorders and on their long-term physical and psychiatric outcomes using general population data is still limited. In this study, we examined the feasibility of identifying children with ARFID in UK primary care electronic health records (EHRs). We compared socio-demographic characteristics and comorbidity with ASD among children diagnosed with an eating disorder (or with read codes indicating picky eating and/or feeding difficulties) prior to age 10 and those diagnosed in adolescence. We will also investigate physical and mental health outcomes of children with eating disorders diagnosed in childhood with and without ASD.

Method

We will use UK Clinical Practice Research Datalink data including primary care EHRs on over 16,000,000 active UK patients. To model longitudinal associations, we will use univariable and multivariable Cox regression models, adjusting analyses for age, sex, and ethnicity.

Results

In UK EHRs, eating disorders diagnoses are uncommon in children younger than age 10 years. However, lifetime diagnosis of ASD is more prevalent in these children and the male-to-female ratio is reversed compared to those diagnosed with eating disorders in adolescence.

Conclusions

In EHRs, children diagnosed with eating disorders prior to age 10 years, have a clinical profile consistent with that of ARFID. Clinicians should be aware of this comorbidity.

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From tracking transitions to managing transitional care: lessons from TRACK and MILESTONE

Abstract ID: 595

Symposium: S5 - Transitional age youth mental health: how to improve the continuity of psychiatric care at the CAMHS-AMHS interface?

Presenting author: *Helena Tuomainen, Warwick Medical School, University of Warwick Division of Mental Health & Wellbeing Coventry, UNITED KINGDOM*

Background/Objective

A series of studies from the UK (TRACK) and elsewhere have confirmed that the interface between child and adult mental health care is a major impediment to continuity of care. Many services have no clear transition policies and young people feel inadequately prepared for transition, many simply dropping through the care gap. The aim of the MILESTONE project was to improve transitional care in Europe.

Method

We surveyed care provision at the child-adult mental health service interface, and reviewed professional training linked to transition in Europe; developed a new measure to support transition-related decision-making and planning; examined longitudinal mental health outcomes of over 1000 young people at the service interface in eight countries, and assessed the effectiveness of Managed Transition in a cluster randomised trial (cRCT) in improving their outcomes.

Results

Provision and delivery of specific child/adolescent mental health services vary significantly between the 28 EU countries; transitional care has been neglected in many. Training of CAMHS professionals in transition has only recently been considered. A minority of young people transition to adult mental health services after reaching the service boundary. The transition readiness and appropriateness measure (TRAM) is a valid measure to support transitional care and mental health outcomes of young people reaching the service boundary.

Conclusions

Findings from TRACK and MILESTONE can be used to inform policy and service development in Europe.

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Mental Health Evaluation of Early Medical Treatment for Gender Dysphoria in Adolescence: a Long Term Follow-up Study into Adulthood

Abstract ID: 596

Symposium: S21 - New Research Findings with Clinical Implications from the Amsterdam Transgender Youth Cohort

Presenting author: Marijn Arnoldussen, Amsterdam UMC, location VUmc Children and Adolescent Psychiatry, Center of Expertise on Gender Dysphoria Amsterdam, THE NETHERLANDS

Background/Objective

The Center of Expertise on Gender Dysphoria in Amsterdam (CEDG) was the first to start gender-affirming medical treatment (GAMT) of transgender adolescents in 1989. From 2000 onwards, a new treatment protocol was established consisting of gonadotropin-releasing hormone agonist when entering early puberty (Tanner Stage 2). The aim of this study is to assess the long-term outcomes of early GAMT in transgender adolescents.

Method

The study is a collaboration between the children- and adolescent psychiatry, endocrinology, and gynaecology departments of the CEDG. Participants have a mean time after intake of 15 years and are asked to complete an online survey on experienced gender dysphoria, psychological functioning, sexuality, fertility and on how they reflect on their treatment. Participants are also invited to participate in a semi-structured interview discussing their views on their iatrogenic infertility. Inclusions and analyses for this study are still ongoing and set to be complete by July 2022.

Results

Currently, 97 of 208 potential participants completed the online survey and 11 trans men and 10 trans women participated in the semi-structured interviews about their iatrogenic infertility. Preliminary results indicate that mental health at follow-up is comparable to that of peers.

Conclusions

Transgender persons who received early GAMT have a mental health comparable to that of peers. With the results of this study we will contribute to further improvement of care for transgender adolescents.



Evidence informed clinical assessment of individuals with ARFID

Abstract ID: 600

Symposium: S62 - An update on the aetiology, assessment, and clinical characteristics of avoidant and restrictive food intake disorder

Presenting author: Rachel Bryant-Waugh, Kings College London / South London and Maudsley NHS Foundation Trust Dept of Child and Adolescent Psychiatry / Maudsley Centre for Child and Adolescent Eating Disorders London, UNITED KINGDOM

Background/Objective

Although research interest in ARFID is increasing year by year, detailed evidence-based guidance for assessment and treatment supported by high quality data remains on the horizon.

Method

ARFID is a heterogeneous diagnostic category, with clinical presentations seen across a range of clinical settings. As a relatively newly introduced diagnosis, available assessment measures and approaches continue to require more extensive refinement and validation. Given the lack of randomised controlled treatment trial data, a diagnosis of ARFID continues to be of limited help in determining optimal intervention. Under these circumstances, it is crucial for clinicians to be able to confidently and reliably assess individuals in a systematic manner, not only to determine whether diagnostic criteria for ARFID are met, but also to ensure management approaches are appropriate to the individual's presentation.

Results

This presentation discusses how clinicians can proceed, combining principles of evidence-based-practice, standardised measures, and current international consensus guidance.

Conclusions

The importance of multi-modal, multi-disciplinary input to the assessment process will be highlighted.



Child psychiatry as a social medical profession: developments in the Netherlands

Abstract ID: 601

Symposium: S35 - Child and adolescent mental health care provision in Europe during the COVID-19 pandemic

Presenting author: Robert Vermeiren, LUMC Curium KJP Leiden, THE NETHERLANDS

Background/Objective

The installment of the Youth Care Act in 2015 in the Netherlands, was for a large part the result of several bottlenecks in the delivery of care. One main problem before was the poor collaboration of the medical child psychiatric field and the broader youth care field. On the one hand, too many professionals in the field of child psychiatry were not interested in collaboration, and on the other hand, the financially steered system of health insurance stimulated a narrow medicalized working area.

Method

The goal of the Youth Care Act, which made local communities responsible for all social and psychological care for youth (including child psychiatry), was to offer youths integrated care. Child psychiatry became part of the social field. During the COVID pandemic, it became clear that the strong focus on the social side of our profession hampered good care for children and youngsters with severe disorders.

Results

This presentation will focus on: 1) historical development in the psychiatric field, i.e. why psychiatry medicalised; 2) developments in (mental) health care in general, i.e. current focus on recovery and positive health and 3) initiatives in child psychiatry related to integrated care, particularly in the COVID period.

Conclusions

This presentation will be concluded with some reflections that may stimulate the activities in relation to policy within the ESCAP.



Predictors of intervention response to personality-targeted school-based prevention of mental health and substance misuse: A machine learning analysis

Abstract ID: 602

Symposium: S63 - New neuro-cognitive precursors for tailored prevention of mood disorders in adolescents

Presenting author: Patricia Conrod, *Universite de Montreal Psychiatrie et Addictologie Montreal, CANADA*

Background/Objective

The Preventure Program is a personality-targeted, brief cognitive-behavioural prevention program that targets personality risk factors for mental health and substance use problems in high school students. The program has been widely studied and shown to be associated with a significant reduction in mental health and substance misuse in numerous randomized trials (see Conrod, 2016). While the evidence in favour of the intervention approach is strong, very little is known about individual and context-specific predictors of intervention response.

Method

This study uses data from a new trial, The CoVenture Trial (N=3800), to predict individual-level characteristics that are most linked to favourable outcomes following randomization to receive a personality-targeted preventive intervention during high school. Participants were assessed every year for 5 years on mental health outcomes. The primary outcome of interest for this study is depression scores, as assessed using the Brief Symptom Inventory (BSI, Derogatis et al., 1975).

Results

Machine learning results indicate that individuals at risk of developing clinically-significant levels of depression could be predicted based on pre- and post-intervention demographic, personality, symptom and cognitive measures. To identify treatment responders, we added interaction terms between covariates and intervention condition to the model. A small amount of additional variance in outcome could be accounted for in this second model.

Conclusions

Discussion will focus on research designs that can further inform prediction models of intervention response and how the findings can reliably and meaningfully inform changes in practice in relation to this particular intervention program.



Need adapted development of care-systems for children and adolescent psychiatric disorders – results of a health care research project in Germany

Abstract ID: 606

Symposium: S35 - Child and adolescent mental health care provision in Europe during the COVID-19 pandemic

Presenting author: Michael Kölch, *Rostock University Medical Center Child and Adolescent Psychiatry, Psychosomatics and Psychotherapie Rostock, GERMANY*

Background/Objective

A differentiated and comprehensive care system for children and adolescents with psychiatric disorders is established in Germany. Within the medical system in about 160 hospitals in-patient and day-care units exist. About 1300 residents for child and adolescent psychiatry/psychotherapy and 4000 psychotherapists for children provide health care. Next to health care system the youth welfare system and many other institutions and disciplines provide. Several Social Law Codes contain regulations for treatment, prevention and rehabilitation.

Method

Two projects (funded by the German Ministry for Health) have been conducted from 2015-2021 to assess and develop German Health Care system for children and adolescents with psychiatric disorders. The first project assessed and analyzed the existing structures of (health) care systems, the second project provided recommendations for further development. Both projects involved stakeholders, patient-representatives and health insurances and professions like the youth welfare system, school-system and pediatrics in a participatory manner. The project included comprehensive data analysis, (Delphi) panels and iterative consensus processes.

Results

Main recommendations are to improve i) interdisciplinary services, ii) services for vulnerable populations (e.g. substance abuse, intellectual disability), iii) targeted prevention for at risk groups and i) participation of patients within treatment processes. Recommendations addressed the need to act both for legislation as well as autonomy self-governance of German Health Care system.

Conclusions

The Covid-19 pandemic illustrated the necessity of implementation of the recommendations.



Provision of care in Child and adolescent psychiatry in Slovenia pre, during and a look into the expected future after the COVID-19 pandemic

Abstract ID: 607

Symposium: S35 - Child and adolescent mental health care provision in Europe during the COVID-19 pandemic

Presenting author: Anja Tomaševič Kramer, *University Psychiatric Clinic Ljubljana Center for Mental Health Ljubljana, SLOVENIA*

Background/Objective

The mental health services in Slovenia have been on the way to recovery from the decades long neglect (1) with the acceptance of a national Mental health act in 2018 (2). It defines several priority fields for mental health care of various populations and at risk groups in the years 2018-2028.

Method

Among these, of special importance for CAP are early diagnostics of physical and mental problems in children, accessibility to multidisciplinary teams, new highly specialised out- and in-patient programmes, special help for children with aggressive behaviour/conduct disorder and providing CAP emergency services.

Results

Some of the services (especially emergency) have opened before the start of the pandemic.

Conclusions

The changes in the provision of services with the impact of the pandemic along with the future plans will be presented. 1. Drobnič Radobuljac M. The state of child and adolescent psychiatry in Slovenia: a brief report. *Eur Child Adolesc Psychiatry* (2016); 25:563–565. DOI 10.1007/s00787-016-0826-5 2. Gregoric Kumperscak, H. Child and adolescent psychiatry in Slovenia in comparison with other European countries. *Eur Child Adolesc Psychiatry* (2019); 28:147–151. <https://doi.org/10.1007/s00787-018-1232-y>

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Links between autism symptoms and problematic eating across childhood

Abstract ID: 608

Symposium: S31 - Unpicking the Overlap between Autism and Eating Disorders: Developmental Pathways in Childhood and Adolescence

Presenting author: *Pauline Jansen, Erasmus MC Department of Child & Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS*

Background/Objective

Clinical studies among adolescents and adults have repeatedly observed a link between autism spectrum disorder (ASD) and eating disorders, particularly anorexia nervosa (AN). Yet, the exact nature of this comorbidity remains unclear. In several prospective studies across childhood, we examined associations of ASD traits with eating behaviors that may be indicative of later AN.

Method

Data from Generation R was used, a large birth cohort in the Netherlands. Reported outcomes were assessed at age 10 years (n differed per study, range: 2818–4134).

Results

Autistic traits at 6 years were associated with various later eating behaviors, including more pickyeating, a high satiety responsiveness, more emotional over- and undereating, but not with dietaryrestraint(1,2) Children with high levels of autistic traits also had a lower body mass index andreported to have more constipation symptoms(3). Moreover, lower set-shifting abilities at age 4 –which were highly associated with ASD traits(4) – predicted a lower body mass index and morerestrictive eating, but not body image(5).

Conclusions

These findings suggest that the association of ASD traits and AN-related features is present early in childhood, years prior to the typical onset of eating disorders. The well-established ASD–eating disorder comorbidity may reflect similarities in symptoms like emotion regulation and restricted eating behaviors that arise from cognitive inflexibility and a drive for control, rather than a shared fear for gain weight.References:1.Van't Hof et al., 2020.2.Harris et al., submitted.3.Harris et al., 2021.4.Otterman et al., 2019.5.Steegers et al., 2021.



Lifestyle interventions in daycare and clinical residencies in child and adolescent psychiatry: qualitative research

Abstract ID: 609

Symposium: S36 -

Presenting author: Malindi van der Mheen , Amsterdam UMC Child and Adolescent Psychiatry (Levvel) Amsterdam, THE NETHERLANDS

Background/Objective

Unhealthy lifestyle and poor physical health are frequently seen among children and adolescents with psychiatric disorders, especially in daycare and clinical residencies. Psychological treatments and therapy programs are developed to effectively reduce symptoms and behavioral problems, while less attention is paid to the lifestyle of the child. An unhealthy lifestyle can perpetuate psychological problems and reduce the effectiveness of psychological therapy. Therefore this study aims to explore the first steps in the implementation of lifestyle intervention in psychiatric healthcare in children and adolescents.

Method

This qualitative study focuses on the perception of mental health care professionals and adolescents treated at the daycare and clinical residencies on lifestyle factors and interventions (sleep, diet, physical activities, leisure activities, and gaming). We interviewed 6 mental health professionals and 6 adolescents with psychiatric disorders from four daycare and clinical residencies. Professionals and clients were recruited at Levvel – Amsterdam youth psychiatry.

Results

Both adolescents and healthcare professionals indicate that lifestyle interventions are missed in treatment and that it is important to add them to the treatment program.

Conclusions

In this presentation, lifestyle factors and interventions are presented in a day care and clinical setting for children and adolescents with severe psychiatric problems. Suggestions on implementation are given and feasibility will be discussed.



Child psychiatry as a social medical profession: developments in the Netherlands

Abstract ID: 611

Symposium: S103 - Decentralisation and community based mental healthcare across Europe

Presenting author: Robert Vermeiren, *LUMC Curium CAP Leiden, THE NETHERLANDS*

Background/Objective

The installment of the Youth Care Act in 2015 in the Netherlands, was for a large part the result of several bottlenecks in the delivery of care. One main problem before was the poor collaboration of the medical child psychiatric field and the broader youth care field. On the one hand, too many professionals in the field of child psychiatry were not interested in collaboration, and on the other hand, the financially steered system of health insurance stimulated a narrow medicalized working area.

Method

The goal of the Youth Care Act, which made local communities responsible for all social and psychological care for youth (including child psychiatry), was to offer youths integrated care. Child psychiatry became part of the social field. During the COVID pandemic, it became clear that the strong focus on the social side of our profession hampered good care for children and youngsters with severe disorders.

Results

This presentation will focus on: 1) historical development in the psychiatric field, i.e. why psychiatry medicalised; 2) developments in (mental) health care in general, i.e. current focus on recovery and positive health and 3) initiatives in child psychiatry related to integrated care, particularly in the COVID period.

Conclusions

This presentation will be concluded with some reflections that may stimulate the activities in relation to policy within the ESCAP.



Comparison of antipsychotic drug use among Dutch Youth before and after implementation of the Youth Act (2010- 2019).

Abstract ID: 612

Symposium: S103 - Decentralisation and community based mental healthcare across Europe

Presenting author: Youssra Bais, Erasmus Medical Center Department of Hospital Pharmacy Rotterdam, THE NETHERLANDS

Background/Objective

The Dutch law on youth care (the Youth Act) was implemented from 2015 onwards. One of the government's aims by implementing this policy was demedicalization of youths by separating youth mental healthcare from the rest of the healthcare system. A previous study conducted by our research group showed that prevalence rates of antipsychotic drug prescriptions stabilized among Dutch youth in the period 2005 to 2015, just before the introduction of the Youth Act. In our study, we aimed to describe antipsychotic drug use among Dutch children aged 0-19 years old before and after implementation of the Youth Act (2010-2019).

Method

We analyzed prescription data of 7,405 youths aged 0-19 years using antipsychotic drugs between 2010-2019, derived from a large Dutch community pharmacy-based prescription database (IADB.nl).

Results

Prevalence rates of antipsychotic drug use per thousand youths decreased significantly in youths aged 7-12 years old in 2019 compared to 2015 (7.9 vs 9.0 $p < 0.05$). By contrast, prevalence rates increased in adolescent females in 2019 compared to 2015 (11.8 vs 9.5 $p < 0.05$). Incidence rates increased significantly in adolescent youths in 2019 compared to 2015 (3.9 vs 3.0 $p < 0.05$), specifically among adolescent girls (4.2 per thousand in 2019 compared to 3.0 per thousand in 2015). Dosages in milligram declined for the most commonly prescribed antipsychotic drugs during the study period.

Conclusions

Despite the aim of the Youth Act to achieve demedicalization of youths, no clear reduction was observed in prevalence rates of antipsychotic drugs or treatment duration in all subgroups. Prevalence rates even increased in adolescent females.

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Child and Adolescent Psychiatry in a decentralised health system

Abstract ID: 615

Symposium: S103 - Decentralisation and community based mental healthcare across Europe

Presenting author: Kerstin Jessica Plessen, *University Hospital Lausanne Division Child and Adolescent psychiatry, Departement of Psychiatry Lausanne, SWITZERLAND*

Background/Objective

The Swiss healthcare system compares very well internationally in terms of quality of care, access, efficiency, equity and healthy living. Patients are offered a wide range of services and access to all levels of healthcare is free with a mandatory assurance. The organization of the mental health care system with shared responsibilities at the federal, cantonal, and local levels (i.e., Switzerland is often considered a country with 26 slightly different health systems, one for each of the 26 cantons) and thus does shows considerable variation. Moreover, the approaches differ between the two major cultural areas (German-speaking, French/Italian-speaking). There are few barriers to accessing treatment and treatment, however, the system has huge variations, with respect to the promotion of the mental health of children and adolescents, the diagnostic and therapeutic care that all usually take place at the cantonal or communal level. However, because of the strict financing modalities preventive approaches, and sometimes even outpatient care, are often underfinanced and too few resources in are dedicated to basic psychiatric and psychotherapeutic care for children and adolescents in many areas, even before the COVID crisis. In addition, data on the mental health of children and adolescents in Switzerland are scattered and often focused on the cantonal level. During this talk, differences in approaches to child and adolescent mental care present in the same country will be discussed, as well as the advantages and disadvantages of a truly decentralized community-based mental health system.

Method

not applicable

Results

not applicable

Conclusions

not applicable



Sweet DREAMS: a study on the prevalence of sleep problems in youth with psychiatric disorders

Abstract ID: 619

Symposium: S36 - Lifestyle intervention in child psychiatry

Presenting author: Sara Pieters, Karakter UC child and adolescent psychiatry Nijmegen, THE NETHERLANDS, Radboud University Behavioural Science Nijmegen, THE NETHERLANDS

Background/Objective

Worldwide, sleep difficulties in youth are perceived as an increasing concern. The prevalence of sleep problems in normatively developing children and adolescents has been estimated at approximately 25%. Prevalence rates in children and adolescents with psychiatric problems are considered to be even higher. Sleep problems may play an important role in the complex etiology of psychiatric disorders, and might be regarded as a transdiagnostic factor.

Method

This project is part of DREAMS (Dutch Research in Child and Adolescent Mental Health; www.dreams-study.nl). The main aim of the current study was to examine the prevalence of sleep problems in children and adolescents referred for specialized mental health care. In addition, we investigated the relationship between sleep problems and both internalizing and externalizing problems.

Results

Preliminary results showed that sleep problems are highly prevalent in youth admitted to specialized mental health care, but the nature of the sleep problems that were most prevalent differed for different age groups. Further, sleep problems were associated with internalizing problems in all age groups, but not as consistently associated with externalizing problems. Results are discussed in terms of developmental changes in sleep and psychopathology.

Conclusions

Preliminary findings of this DREAMS study showed that sleep problems are highly prevalent in youth admitted to specialized mental health care and are associated with internalizing problems in all age groups. Further research is needed to explore these findings.

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RISK TOLERANCE IN YOUTH WITH EMERGING MOOD DISORDERS

Abstract ID: 3

Presenting author: Ange Weinrabe, *The University of Sydney Brain and Mind Centre, Faculty of Medicine Sydney, AUSTRALIA*

Background/Objective

Risk-taking behaviour is common during adolescence. Adolescents, more so than their older and younger peers, are also more vulnerable to mood disorders, such as anxiety and depression. What impact do these emerging mood disorders have on decision-making during adolescence?

Method

Here we explore the impact of risk and ambiguity on adolescent decision-making in a clinical setting, using a well-known economic experiment. At two time points, separated by six to eight weeks, we measured risky and ambiguous choices concurrently with findings from three psychological questionnaires, the 10-item Kessler Psychological Distress Scale (K10), the 17-item Quick Inventory of Depressive Symptomatology Adolescent Version (QIDS-A17), and the 12-item Somatic and Psychological Health Report (SPHERE-12), for young help seekers aged 16-25 (Mean age 19.22 years, 19 males, N=30).

Results

When first arriving for care, we found that 50% (n=15) of participants experienced severe anxiety (K10 ≥ 30), were severely depressed (QIDS-A17 ≥ 16), and severely distressed (SPHERE-12). At Session 2, taking attrition rates into account (n=5), we found that 44% (n=11) remained severe across the full battery of questionnaires. When applying multiple regression analyses of the pooled sample of observations (N=55), across both sessions, we found that participants who rated severely anxious avoided making risky decisions.

Conclusions

We suggest there is some statistical significance (although weak) ($p=0.09$), between risky choices and severe anxiety scores as measured by K10. Our findings may support early-stage intervention for youth experiencing an emerging mood disorder.

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Parental Stress and Quality of Life in Parents of Children in Early Childhood with Autism Spectrum Disorder

Abstract ID: 4

Presenting author: Leanne Dijkstra-de Neijls, *Parnassia Groep Sarr Expertise Centrum Autisme Youz Rotterdam, THE NETHERLANDS*

Background/Objective

Parents of children with autism spectrum disorder (ASD) are suggested to have higher risk for everyday stress compared to parents in the general population. Parental stress can induce severe psychological- and physical problems and may impact the quality of life (QoL) of both parent and child. In this study it is hypothesized (1) whether these mothers and fathers already experience stress when their child is in early childhood and (2) whether parental stress and QoL are related.

Method

Parental stress and QoL were assessed using self-reports among 41 mothers and 38 fathers of children aged 3–7 years with ASD (n = 50) and compared to norm populations. Correlations were used to examine the associations between three parental stress areas (parental stress questionnaire: OBVL) and four QoL domains (WHOQoL-BREF).

Results

Parents of children in early childhood with ASD reported higher parental stress and lower QoL than parents of typically developing children. Maternal stress from the mother-child relationship and paternal stress from feelings of parenting incompetence showed the largest associations with decreased 'physical', 'psychological' and 'social' QoL. Maternal stress from role confinement and paternal stress from feelings of parenting incompetence showed the largest associations with reduced 'environmental' QoL.

Conclusions

Parenting children in early childhood with ASD increases the risk for high parental stress in both mothers and fathers, which is associated with low QoL. To prevent major health risks and low QoL in parents of children with ASD it is important to attend to parents' stress diminishing needs.

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A simple intervention Improved Awareness of Safety Words in Community Psychiatry

Abstract ID: 10

Presenting author: Lowri Edwards, *Royal Bolton Hospital Early Intervention Team Bolton, UNITED KINGDOM*

Background/Objective

Introduction: Safety words are integral to maintaining the safety of mental health practitioners in the community. Safety words must be frequently updated and practitioners must be aware of these changes. There is little evidence for effective procedures for improving awareness of safety words in this cohort. Aims: 1. To assess baseline awareness of the community safety word in a community psychiatry team 2. To assess the effectiveness of a simple intervention in improving awareness of the safety word in this cohort

Method

A questionnaire was used to evaluate the baseline awareness of the safety word in EIT practitioners. A simple intervention consisting of reminders of the safety word at three consecutive weekly meetings and the introduction of 10 reminder posters throughout shared spaces in the community setting was introduced to improve education in this area. A follow-up questionnaire was used to re-evaluate awareness following the intervention.

Results

The pre-intervention awareness of the current safety word was 54%, this increased to 96% following the intervention.

Conclusions

The use of a simple intervention consisting of repetition of safety words to staff members, supported by posters is a highly effective way to promote awareness of safety word procedures. In addition to the need to monitor the current safety word, we acknowledge the need to assess and monitor the use of personal safety alarms, we are currently undertaking a project to evaluate this.

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(un)learning psychotherapy and CAP services mentalizingly with and for adolescents and families - scientific method-integration, transdiagnostically, transdisciplinary and participatively - to epistemically healthy research financing and CAP advocacy

Abstract ID: 14

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Background/Objective

Data will be presented that shows the demands of 10000 children across Europe also for CAP psychotherapies (Unicef-report "Our Europe, Our Rights, our Future" 2020). Controlling contextual limitations of good cooperations with(in) families inspired by the EFTA SCORE-15 research project (<https://europeanfamilytherapy.eu>) and within occupational health networks (www.cosforwork.org) are integrated. Core common factor principles and specific contexts of adolescents' psychotherapy according to recent milestone works within psychotherapy research (7th ed. of Bergin and Garfield's

Handbook of Psychotherapy and Behaviour Change, 2021; Norcross & Lambert, 2019; Norcross & Wampold, 2019) will be utilized.

Method

Personal data by continuous feedback by patients at the end of every single session over 100 days September until November 2021 as part of a deliberate practice within psychotherapy (Miller, Hubble & Chow, 2021) and humble appreciation of scientific gaps within supervision practice (Rousmaniere et al, 2017) will be presented. This in combination with an ongoing mentalisation-based therapy (MBT) training process in its Swiss-Austrian-German adaptation of the UK Anna Freud National Centre networks. That is following an inspirational training in “adolescent identity therapy” (lead by Schmeck & Schlüter, Birkhölzer & Jung adapting Paulina Kernberg until 2020).

Results

see conclusions

Conclusions

Openly shared long term transdisciplinary participative therapeutic research and policies of sharing with and for the youth in a need- and anti-violence-driven European mental-health-brain-body-social-peace-healthy-families-and-schools-and-good-therapies-GAIA-project setting is a collective demand of today's youth and our collective earthly peace.



EFFECT OF THE PANDEMIC ON INFANT MENTAL HEALTH : EXPERIENCES FROM A CLINIC IN TURKEY

Abstract ID: 17

Presenting author: Gokce Yagmur Efendi, Ankara University Child and Adolescent Psychiatry Ankara, TURKEY

Background/Objective

The COVID-19 pandemic is an emergency the magnitude of which has not been encountered for almost a century. During this challenging time, understanding the changing mental health needs of infants and their parents is crucial to improve existing prevention and intervention strategies.

Method

In our study, we compared the patients who were evaluated at Ankara University infant mental health unit between March 2020-November 2021 with patients alike who were evaluated between June 2018-February 2020. We assessed the reason for applying to infant mental health care unit, average waiting time until evaluation, quality of mother-child dyadic relationship, continuation of attendance to treatment and the diagnosis made by our infant mental health team.

Results

There was a significant difference in terms of reason for applying to infant mental health care unit. During the pandemic period, infants with ‘poor social interaction’ applied more frequently than the

previous year. Also average waiting time until evaluation was significantly shorter than the previous term. There was no significant difference in terms of drop out rates.

Conclusions

It is clear that infants have been affected by the pandemic regarding their mental health. As a clinic, we have taken measures to adapt to extraordinary conditions caused by the pandemic. We hope that our study brings a new understanding to infants' mental health needs during the pandemic and sheds a light to changing conditions of an infant mental health unit from a middle income country.

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Child And Adolescent Mental Health During the Pandemic: How Were Consultation Rates Affected?

Abstract ID: 19

Presenting author: Beste Doğar Karaca, *Istanbul University Cerrahpasa-Cerrahpasa Faculty of Medicine Child and adolescent Psychiatry Istanbul, TURKEY*

Background/Objective

It is reported that reasons such as quarantine, fear of contamination, closure of schools, and illness or loss of loved ones cause psychological problems in children and adolescents during the pandemic period. As well as affecting the well-being of the general population, considering the negative effects of Covid-19 on mental health, disruptions in access to psychiatric services have also been observed. In this article, we aimed to evaluate the reflections of the pandemic on the child and mental health consultations in our university hospital.

Method

Consultations from other departments in our hospital to the department of child and adolescent mental health were analyzed retrospectively according to the institutional database. According to this database, the consultations between October 2019 and March 2020, which is the last 6-month period before the World Health Organization declared the coronavirus epidemic (group 1), and the consultations in the six months (group 2), starting from June 2021, when the state of the Republic of Turkey completely abolished the quarantine, were compared.

Results

There was no significant difference between group 1 (n=105) and group 2 (n=38) in age, gender, inpatient service department, psychiatric diagnoses, and medical treatment. When the groups were analyzed based on the total number of hospitalized patients in the pediatric service, it was observed that there was a significant increase in consultation rates in favor of group 2.

Conclusions

Due to the continuation of the epidemic process, mental illnesses should not be ignored, especially in children.

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Sense of loneliness and Suicidal ideation among college students during the COVID-19 pandemic

Abstract ID: 21

Presenting author: Sami Hamdan, *Academic College of Tel Aviv Yaffo Psychology Tel Aviv Yaffo, ISRAEL*

Background/Objective

Objectives: This study examines the frequencies of suicidal ideation and attempts, depressive symptoms, loneliness, and alcohol abuse among college students, during the COVID-19 pandemic. In addition, we aim to identify the dominant risk factors related to suicidal ideation and attempts.

Method

Methods: The study included 911 students aged 18-35 from 8 campuses of the Israeli academic institutions. They completed self-report questionnaires assessing suicidal risk, symptoms of depression, loneliness, and alcohol abuse during the first COVID -19 lockdown in Israel.

Results

Results: almost one-fifth (19.8%) of the total sample reported suicidal ideation during Israel's first COVID -19 lockdown. A quarter of the sample have reported severe symptoms of depression, and 9.3% were abusing alcohol. Students with suicidal ideation have reported high levels of loneliness, alcohol use and depression. Confirmatory path analysis that being a sexual minority has a direct effect on suicidal ideation. In addition, it was mediated by a sense of loneliness and alcohol misuse.

Conclusions

Conclusion: Suicide prevention should remain a priority on campuses because of the frequency of suicidal ideation. Additional studies are needed to identify the long-term impact of the COVID-19 pandemic on suicidality.



Sharing experiences with implementing the Neurosequential Model of Therapeutics in the health care system in the Netherlands.

Abstract ID: 29

Presenting author: Roland Verdouw, *Pluryn Polikliniek Haaglanden* Amsterdam, THE NETHERLANDS

Background/Objective

Looking at Western Europe in general, and particularly in the Netherlands the Neurosequential Model of Therapeutics (NMT) is still in a pre-stage of development and implementation. In Europe there are several institutions in the certification process and a handful individuals certified, but in the field of child psychiatry there is still little known about this new approach of clinical problem solving.

Method

The Neurosequential Model of Therapeutics (NMT) is a developmentally sensitive, neurobiology-informed approach to clinical problem solving. As described by Brandt and colleagues (2012) – “The Neurosequential Model of Therapeutics (NMT) (Perry, 2006) provides an integrated understanding of the sequencing of neurodevelopment embedded in the experiences of the child, and supports biologically informed practices, programs, and policies.

Results

Results will be shown about individual cases where NMT was used as a tool for clinical problem solving. This individual presentation will be coupled with a workshop from colleagues using the recommendations from a NMT assessment (e.g. somatosensory and attachment enriching interventions). As a global evidence-based practice (EBP) and coupled with the NMT’s brain mapping matrix, the model supports providers in identifying specific areas for therapeutic work and in selecting appropriate therapies, including evidence-based therapies (EBTs), within a comprehensive therapeutic plan.

Conclusions

The Neurosequential Model of Therapeutics has a more developmentally informed, biologically respectful approach to clinical work. It is therefore a useful alternative model to complement and restructure therapeutic interventions in working with traumatized children. Organized NMT-based intervention models, such as NMT therapeutic child care, can be EBTs.”



Child And Adolescent Mental Health During the Pandemic: How Were Consultation Rates Affected?

Abstract ID: 30

Presenting author: Beste Doğar Karaca, *Istanbul University Cerrahpasa-Cerrahpasa Faculty of Medicine Child and adolescent Psychiatry Istanbul, TURKEY*

Background/Objective

It is reported that reasons such as quarantine, fear of contamination, closure of schools, and illness or loss of loved ones cause psychological problems in children and adolescents during the pandemic period. As well as affecting the well-being of the general population, considering the negative effects of Covid-19 on mental health, disruptions in access to psychiatric services have also been observed(2). In this article, we aimed to evaluate the reflections of the pandemic on the child and mental health consultations in our university hospital.

Method

Consultations from other departments in our hospital to the department of child and adolescent mental health were analyzed retrospectively according to the institutional database. According to this database, the consultations between October 2019 and March 2020, which is the last 6-month period before the World Health Organization declared the coronavirus epidemic (group 1), and the consultations in the six months (group 2), starting from June 2021, when the state of the Republic of Turkey completely abolished the quarantine, were compared.

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There was no significant difference between group 1 (n=105) and group 2 (n=38) in age, gender, inpatient service department, psychiatric diagnoses, and medical treatment. When the groups were analyzed based on the total number of hospitalized patients in the pediatric service, it was observed that there was a significant increase in consultation rates in favor of group 2.

Conclusions

Due to the continuation of the epidemic process, mental illnesses should not be ignored, especially in children.

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Coping with Adolescent mental health and social changes in the post covid reality

Abstract ID: 33

Presenting author: Miguel Cardenas, *Fundación Orienta Psychiatry Barcelona, SPAIN*

Background/Objective

The adolescent population represents one of the population groups most affected by the social impact represented by the pandemic (in terms of direct contagion or from family members or deaths from the pandemic, as well as the economic impact: loss of employment of caregivers, inability to working for long-term leave, or isolation or limitations for social interaction. Another factor to take into account has been how young people have had to quickly adapt to a face-to-face to virtual teaching system, generating limitations in the educational system with high academic demands.

Method

All of the above has generated an increase in clinical pictures usually present in adolescents, especially pictures of phobic anxiety with school absenteeism, pictures of eating disorders and self-lytic behavior. To all this, the capacity of the health system has been exceeded, that is, the hospitals with the capacity to stabilize pictures of eating disorders and / or auto lytic risk are not sufficient, neither are the day hospitals, so the follow-up has been carried out. then deposited with the CAMHS; services that do not regularly have the resources to effectively and safely treat treatments for these young people.

Results

We have created crisis units aimed at carrying out an initial intensive follow-up of adolescents who present clinical pictures that require it. These itineraries include -CRS protocol -incipient psychosis unit -attention TCA

Conclusions

Due to the Covid crisis we had created special units aimed at carrying out an initial intensive follow-up of adolescents who present clinical pictures that require it.



Conduct disorder and social mechanism

Abstract ID: 37

Presenting author: Yi-An Liao, *King's College London IoPPN London, UNITED KINGDOM, Max Planck Institute of Psychiatry IMPRS-TP Munich, GERMANY*

Background/Objective

High neighbourhood-level deprivation and low levels of social cohesion and social control are believed to work together to increase the development of conduct disorder (CD) behaviours. However, neighbourhood deprivation has typically not been modelled longitudinally. Also, it has not been examined how CD behaviours interact with social cohesion and social control and other social risk factors at different longitudinal deprivation. This study sets out to (1) identify latent transitions of longitudinal deprivation patterns based on neighbourhood-level census data, (2) examine, in network models, interactions between CD behaviours and social cohesion, social control and deviant peer affiliation.

Method

Using the ALSPAC cohort, latent transitions of neighbourhood-level deprivation patterns (e.g. high vs low), based on census-level information, were estimated between age 12.5 and 15.5. In network models, we used multi-informant variables and estimated interactions between mother-reported CD behaviours and child-reported social cohesion, social control and deviant peer affiliation within different deprivation patterns.

Results

Three constant deprivation patterns: deprived (n=485), intermediate (n=1467) and low (n=2085) patterns were identified. In the deprived pattern, “bullying” was the most influential CD behaviour; it had the highest interaction with social cohesions, social control, and deviant peer affiliation. In contrast, non-violent CD behaviours were important in the intermediate (i.e. “lying”) and low (i.e. “staying after dark”) patterns. In all deprivation patterns, affiliation with “friends involved in burglary” was the most influential social risk factor in CD development.

Conclusions

Our model revealed three longitudinal neighbourhood-level deprivation patterns in which the most influential CD behaviour varied in seriousness in a step-like manner.

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The mediating role of microbiome on the association between ambient air pollution and autistic traits

Abstract ID: 38

Presenting author: Johanna Inhyang Kim, *Hanyang University Medical Center Department of Psychiatry Seoul, SOUTH KOREA*

Background/Objective

Gut microbiome has been found to be associated with air pollution and autistic traits but the mediating role of microbiome has not been investigated yet. We aimed to clarify whether early exposure to PM10 impacts autistic traits at age 6 through gut microbiome.

Method

Using 170 mother-child pairs, PM10 exposure levels during pregnancy (1st, 2nd and 3rd trimesters) and the annual residential PM10 levels at age 2, 4, and 6 were estimated. Autistic traits assessed by the social communication questionnaire (SCQ) and gut microbiome composition were investigated at age 6. The associations of PM10 exposure, autistic traits, and gut microbiome were explored, and mediation analyses were further conducted.

Results

PM10 exposure during the 1st trimester of pregnancy was associated with β -diversity and explained

2.0% of the variation in microbiome composition (order level). PM10 exposure during the 1st trimester of pregnancy was associated with both increased autistic traits (1.1% change per unit increase, 95% confidence interval [CI]: 0.2 - 2.0%) and increased relative abundance of proterobacteria at age 6 (4.6% change per unit increase, 95% CI: 1.2 – 8.1%), respectively. Proterobacteria was also related to increased autistic traits (6.4% increase per 2.7-fold increase, 95% CI: 1.9 – 11.1%). The relation between PM10 exposure during the 1st trimester and autistic traits was partially mediated by proteobacteria (proportion mediated 23.2%).

Conclusions

PM10 exposure during the 1st trimester of pregnancy was found to affect autistic traits at age 6 through alteration of proteobacteria. Future studies with larger sample sizes and microbiome samples at earlier ages are warranted.

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Increasing internalizing behaviors due to the COVID-19 pandemic in a sample of 2–6-year-old children

Abstract ID: 41

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Background/Objective

Internalizing behaviors are common in young children, often persist into adulthood and increase the likelihood for subsequent psychiatric disorders. Isolation, psychiatric difficulties in parents and parental stress are risk factors for the development of internalizing behaviors. The COVID-19 pandemic may have resulted in additional parental stress and isolation and especially its impact on young children has not been investigated as of now. The current study examined the impact of the COVID-19 pandemic on internalizing behavior in preschool children.

Method

Parents of N=70 preschool children filled out an online survey about children's internalizing behaviors, externalizing behaviors and attachment retrospectively over three time points: before a nation-wide lockdown (T1), during the most difficult time of the lockdown (T2) and after the lockdown (T3).

Additionally, parents answered questions about their own depressive and anxious symptomatology for the three time points and parental stress for T1 and T2.

Results

Preschool children showed a significant increase in internalizing behaviors with only 2% above clinical cutoff at T1, 19% at T2 and 15% at T3. Externalizing behaviors increased over time with 2% showing very high clinical values at T1 and 6% at both T2 and T3. Parental depressive and anxious symptomatology increased significantly from T1 to T2, but also decreased to baseline at T3. Parental stress levels were comparable to community samples at T1, but attained average values reported for at-risk families at T2.

Conclusions

Preschool children are strongly influenced by the ongoing COVID-19 pandemic and whereas parental anxiety and depression reduces over time, children's internalizing behaviors remain high.

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The effect of a one-time mindfulness intervention on children and adolescents

Abstract ID: 46

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Background/Objective

Mindfulness exercises are becoming increasingly relevant in intervention and prevention of mental health disorders. So far, studies have observed many positive effects, but these results were limited to intensive interventions lasting several weeks and mostly in adults. Short-term effects of mindfulness interventions in childhood and adolescence remain poorly examined. Therefore, the purpose of this study is to examine the effects of a one-time mindfulness intervention to consider its potential for emotion regulation, stress reduction and prevention.

Method

Participants aged 12 to 19 years were randomly assigned to a mindfulness exercise or an active control group. Before and after intervention, state well-being and state mindfulness were assessed via Visual

Analogue Scales. Physiological measures were collected during the intervention (heart rate and heart rate variability). Personality factors, alexithymia and mindfulness, anxiety and depression traits were assessed as potential influencing factors.

Results

Preliminary results from 40 of 80 participants show a significant improvement in subjective measures with a high effect size in both groups. In addition, heart rate / heart rate variability dropped across groups. One influencing factor could be female sex, as girls descriptively benefited more from mindfulness intervention than boys. Traits of alexithymia as well as anxiety / depression were negatively correlated with trait mindfulness.

Conclusions

These preliminary results show a positive effect of a one-time mindfulness intervention in children and adolescents. Future studies may use the present results as a basis for future research and application.

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Oral Presentation on "Trampoline-Mind": Promoting children's mental health and preventing addiction by stress reduction and mindfulness-based elements

Abstract ID: 47

Presenting author: Lina-Sophia Falkenberg, *Catholic University of Applied Sciences NRW German Institute for Addiction and Prevention Research Cologne, GERMANY*

Background/Objective

Children from families with addiction problems have a significantly increased risk of developing a substance-related or other mental disorder themselves and thus a special need for preventive interventions. Mindfulness-based interventions can positively influence self-regulation and stress reactivity. The addiction-preventive "Trampoline" group program for children extended by mindfulness-based elements combines these approaches.

Method

The feasibility and effectiveness of the mindfulness-based "Trampoline-Mind" group program for 8-12 year old children from families with addiction problems will be evaluated by psychologists of the German Institute for Addiction and Prevention Research (DISuP, Katho NRW, Cologne, Germany) by comparing survey data of child and parent at three measurement times. Each of the nine children group-sessions consists of several mindfulness-based exercises adapted for children like body scan or mindful breathing. Moreover, children are given knowledge and hands on advice how to cope with the parental disorder and how to strengthen self-esteem as well as self-efficacy and self-regulation skills.

Results

We expect that "Trampoline-Mind" achieves an improvement with regard to the use of stress management strategies, internalizing and externalizing behavioral problems, and psychological distress caused by the parental addictive disorder.

Conclusions

The effectiveness evaluation of the modular group intervention "Trampoline-Mind" can make a significant contribution to the further development of the evidence-based, selective addiction prevention in at-risk populations and contribute to the improvement of care services for children from families with addiction problems. The project is part of the national research network "IMAC-Mind - Improving mental health and reducing addiction risk in childhood and adolescence through mindfulness: mechanisms, prevention and treatment".

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Family perspectives on effective factors in Narrative Family Therapy

Abstract ID: 51

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Background/Objective

Many children and adolescents at the Child and Adolescent Mental Health Services present with psychiatric co-morbidity. But little research has been undertaken on this group and is seldom subject to evidence-based treatment. The CAMHS' Family Therapy Team receives referrals for children suffering from complex psychiatric problems or when treatment as usual (TAU) has not been sufficient. These families receive manualized Narrative Family Therapy. The manual is not directed at any specific diagnosis, and thus ideal for co-morbidity. It combines child- and adolescent- psychiatric knowledge and narrative family therapy, offering empowerment and recovery-oriented practices of collaboration.

The manual has the following main elements: Therapeutic sessions. Public Note Taking during the sessions. Therapeutic Letters written after each session, mailed and read aloud at the next session. Collaborative Family Community Meetings. Shared decision making on course progress, regarding time, content, participants, and termination.

Method

Families were interviewed at the final meeting regarding what they found had been most effective, by asking for advice for improving the therapists' proficiency. 46 medical records were analysed by use of systematic text condensation of the therapists' documentation of the families' advice.

Results

The families found the following elements highly effective: • The flexible framework of the therapy course enhancing participation and empowerment • Mattering practices enhancing hope for the future • Acknowledgement of family competencies and intentions, enhancing the physical experience of empowerment

Conclusions

Families find a flexible framework, mattering practices and acknowledgement of competencies and intentions to be the most effective factors, in a narrative family therapy course.



Treatment planning in media-related disorders using the I-PACE model

Abstract ID: 62

Presenting author: Oliver Bilke-Hentsch, *Luzerner Psychiatrie /Universität Luzern KJPD Luzern, SWITZERLAND*

Background/Objective

In the last two decades, particularly since 2007, the impact of digital and interactive technologies (DIT) on personal and professional life has increased exponentially. In 2017, the vast majority of the population in industrialized countries used DIT on a daily basis as its main source of information and as a crucial platform for social exchange. In the near future, body-attached devices (wearables) will be able to provide the user constant with data about the world around and within him/her. Innovative DIT seems to offer endless possibilities. However DIT also influences the manifestation and course of mental illnesses - especially in social media-driven children and adolescents with ADHD and comorbid conditions.

Method

The I-PACE- model of Brand et al., 2018 was used in a clinical context both in in- as well as in outpatient settings and its usability was determined in an individual therapy planning.

Results

There seems to be a small but severely ill subgroup of multiple media users with comorbidities and multiple risk factors who demonstrates pervasive social isolation, increase of dosage, craving and other

features of addiction. Patients with ADHD are most at risk because their core symptoms are excessively rewarded by social media media-applications.

Conclusions

The specific usage of the web 2.0, interactive games and social media often reflects the underlying psychiatric disorder and has to be understood and treated in this context.



From paper to practice: dilemmas when providing integrated care for youth at-risk

Abstract ID: 66

Presenting author: Laura Veerman, LUMC Curium Child and Adolescent Psychiatry Leiden, THE NETHERLANDS

Background/Objective

It is challenging to provide integrated care for youth at-risk with a diversity of problems in different life-areas. Their complex needs go beyond the competence of a single professional or organization. Consequently, a network of professionals and organizations is necessary to provide coherent support for youth in a timely and adequate manner across domains. However, involving multiple professionals might cause ambiguity about mandate, control and professional autonomy in practice, while professionals working with these youngsters are often under a lot of pressure. To improve integrated care for youth at-risk, insights into which dilemmas arise around mandate, control and professional autonomy is needed.

Method

The study reports on the findings of 31 semi-structured interviews with key players within a network of an integrated care initiative for youth at-risk (professionals, policymakers). The following topics were examined by conducting a thematic analysis: mandate, control, professional autonomy.

Results

When providing integrated care to youth at-risk various, context dependent dilemmas regarding the interaction between control, mandate and professional autonomy occur. When there is a lack of or insufficient agreement on professional autonomy, mandate or control, it becomes extremely difficult for the professionals involved to provide integrated care in practice. Specifically in crisis situations, when clarity on mandate, control and professional autonomy is urgent but often lacking in practice. This leads to indecisiveness and inappropriate support or no care provision at all.

Conclusions

Professionals and organizations must pay more attention to the interaction and dilemma's occurring between control, mandate and professional autonomy when providing integrated care for youth at-risk.

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Insights and attitudes of practitioners on formal involuntary treatment for adolescents and young adults with anorexia nervosa

Abstract ID: 68

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Background/Objective

Anorexia nervosa (AN) is a complex psychiatric disorder with a lifetime prevalence of 1-4% and a peak incidence among female adolescents. The chronicity and mortality rates remain high, despite various evidence-based treatment methods. Formal involuntary treatment such as admissions or tube-feeding may be life-saving and allow treatment continuation. However, involuntary treatment may be highly stressful and potentially traumatizing for patients and their practitioners. The goal of this study is to evaluate practitioners' experiences and attitudes about involuntary treatment for adolescent and young adult patients with AN.

Method

Through semi-structured interviews among twenty practitioners from several child and adolescent psychiatry centers in the Netherlands, including psychiatrists, systemic therapist, nurses, sociotherapists and team coordinators, this study will assess: (1) the impact of providing involuntary treatment on practitioners and their patients; (2) characteristics of patients that receive involuntary treatment; (3) and thoughts about prevention and improvement of involuntary treatment. Thematic analysis will create a comprehensive overview of the collective and distinctive insights, opinions and ideas of practitioners.

Results

Preliminary findings show that the role of practitioners affects how they experience and cope with involuntary treatment. Providing involuntary care can be emotionally and physically exhausting for practitioners, thus they need support from colleagues, sufficient knowledge and a clear perspective to endure. Frequently reported patient characteristics include autism spectrum disorder, trauma, personality disorders, high intelligence, strong perseverance and tenacity.

Conclusions

Involuntary treatment quality for AN may be improved by actively exchanging information between clinics. Moreover, including patient perspectives on involuntary treatment is crucial to further improve practice.

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Non-verbal Learning Disorder: A cognitive case series of young people referred for a neurodevelopmental assessment

Abstract ID: 72

Presenting author: Maia Penfold, West London NHS Trust Ealing Child and Adolescent Mental Health Service London, UNITED KINGDOM, Kings College University Institute of Psychiatry, Psychology & Neuroscience London, UNITED KINGDOM

Background/Objective

Nonverbal Learning Disorder (NVLD) indicates a cognitive profile with a relative strength in verbal comprehension compared to low cognitive ability in other cognitive domains (perceptual reasoning, working memory and processing speed). Although with population prevalence of 4%, it is not yet recognised as a separate diagnostic category. Cognitive profiles will influence academic functioning, social and emotional abilities.

Method

A case series of five young people (aged 9-16) referred for an assessment of social communication and attentional difficulties to a community CAMHS Neurodevelopmental service is presented. Comprehensive and standardised autism and ADHD clinical assessments were conducted. Their cognitive ability was assessed using WISC (IV or V).

Results

A similar uneven cognitive profile compatible with NVLD was identified in the five cases. There were commonalities of language delay, poor fine motor skills, poor academic performance, behavioural/conduct problems and emotional regulation difficulties. All five young people had been diagnosed with ADHD prior to the cognitive assessment. Despite presenting with social communication difficulties, only one case met criteria for autism.

Conclusions

NVLD is suggestive of a specific neuropsychological functionality. Children with NVLD may present with social communication and attentional difficulties. Neurocognitive and imaging studies suggest differential cognitive profiles and neurobiological pathways in NVLD vs autism. Questions remain on the roles of NVLD vs ADHD in driving attentional difficulties and the response to ADHD medication in children with NVLD. Identifying a NVLD cognitive profile in the youth neurodiverse population will facilitate differential diagnosis and help develop tailored care plans and support.

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Neuropsychiatric manifestations of COVID-19: a six year old girl with multiystem inflammatory syndrome

Abstract ID: 81

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Background/Objective

A case study of a 6 years old patient was discussed within the context of recent literature.

Method

To present and discuss a case of a patient with neuropsychiatric symptoms following the COVID-19 infection with Paediatric Inflammatory Multisystem Syndrome (PIMS) as a complication.

Results

6 years old patient was diagnosed with PIMS based on the following findings: positive SARS-CoV-2 IgG antibodies, anamnesis includes patient's mother diagnosed with COVID19 one month earlier; fever; dysfunction of multiple organ systems; hallucinations, partially positive Babinski sign, bad coordination; splenomegaly, worsening thrombocytopenia; cardiac repolarization abnormalities; one episode of abdominal pain with emesis. The MRI performed during the first hospitalization exhibited abnormalities compatible with PIMS. The subsequent test during the second hospitalization showed improved dynamics. After the treatment of IVG (2mg/kg), steroids and aspirin (75g/day, p/os) the patient improved and was discharged. After a month she was readmitted with persistent auditory and visual hallucinations and sleep disorders. After presenting a more detailed family anamnesis with impact towards differential diagnosis the patient was hospitalized at the children psychiatric department. 6 months later the detailed psychiatric examination showed absence of symptoms. The patient had been overseen by a children's cardiologist. No cardiovascular pathology was detected at the time of examination. 9 months later the patient started primary school with good adaptation.

Conclusions

we've described a case of PIMS following the COVID19 infection which resolved after several months. Gastrointestinal symptoms of PIMS resolved in 1 week of active treatment, cardiovascular in 2 weeks. We suggest that familial anamnesis helps with differential diagnosis.

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Evaluation of Responding Joint Attention Abilities In Children With Attention Deficit Hyperactivity Disorder: An Eye Tracking Study

Abstract ID: 87

Presenting author: Rahime Duygu Temeltürk, *Ankara University Faculty of Medicine Child and Adolescent Psychiatry Ankara, TURKEY*

Background/Objective

The aim of this study is to investigate autistic traits linked to responding joint attention (RJA) abilities using eye-tracking in children with Attention Deficit Hyperactivity Disorder(ADHD), and to compare typically developing children(TD).

Method

Male children aged 6-10 years with ADHD(n=30) were first diagnosed and 30 TD children(matched for age and gender) were included. Conners Parent Rating Scale-Revised Long Form(CPRS-R/L), Social Responsiveness Scale(SRS) were used to determine ADHD symptoms and autistic traits. RJA abilities of two groups were evaluated by an eye-tracking system in congruent/incongruent and male/female children videos. Gaze to the target and face, eye, mouth regions of children in the videos were determined as area of interests(AOIs) within the screen. Dwell times and fixation durations per AOIs were measured.

Results

Children with ADHD had significantly higher scores of CPRS-R/L and SRS than TDs. TD children looked significantly longer at the target compared to children with ADHD($p < 0.001$). Target dwell time on incongruent conditions were significantly longer than congruent conditions in both groups. There was no significant difference between the groups in terms of dwell time on faces and eyes. ADHD group had longer dwell time for mouth region($p < 0.001$). First fixation duration on the eye region was significantly shorter in ADHD group than TDs($p < 0.001$). In the whole sample, there were significant relationships between autistic traits and dwell times for target and mouth and also durations of first fixation on the eye region.

Conclusions

The present study emphasizes that evaluating JA ability has an important role for the interventions on social development in children with ADHD.

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Early detection of psychosis in adolescents treated in Child and Adolescent Mental Health Services: preliminary insight of a new program in French-speaking Belgium.

Abstract ID: 89

Presenting author: Simone Marchini, *Université Libre de Bruxelles Child and Adolescent Psychiatry Brussels, BELGIUM*

Background/Objective

Adolescents treated in Child and Adolescent Mental Health Services (CAMHS) may experience sub-threshold psychotic symptoms. This study presents clinical data of adolescents referred from CAMHS to this new program in French-speaking Belgium performing early detection of psychosis.

Method

Data on sociodemographic, referral type, personal and family medical history have been collected retrospectively. The Social and Occupational Functioning Assessment Scale (SOFAS) and Comprehensive Assessment of At-Risk Mental States (CAARMS) were used to assess functioning and positive psychotic symptoms, respectively. Every adolescent was assigned a clinical stage based on symptoms, treatment and functioning levels. These stages were: Stage 0 “without mental health problem”, Stage 1a “help-seeking for psychological distress”, Stage 1b “attenuated syndrome”, and Stage 2 “discrete disorder”.

Results

The adolescents assessed in this program (n=21; 59.1% female; mean age=15.6±1.9) were referred from outpatient (54.6%) and inpatient (40.9%) CAMHS. 90.5% were under psychotropic drug (61.9% single molecule; 52.4% D2R-modulator). 38.1% had first-degree relative(s) with an affective or non-affective psychotic disorder. Two-thirds reported significant functioning decline. The most frequent sub-threshold symptoms were perceptual abnormalities (60%) and non-bizarre ideation (50%), followed by unusual thought content (45%) and disorganized speech (35%). Adolescents’ clinical stage were mainly 1b (38.1%) and 2 (33.3%), with a greater rate of 1b among the patients referred from outpatient care.

Conclusions

In-care adolescents in CAMHS present confounders to early detection in psychosis, such as significant care need, functioning decline and heterogeneous symptoms. Awareness of “attenuated syndrome” should be raised in CAMHS to allow precise and early detection of psychosis and guarantee long-term positive outcomes.

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Assessing the impact of childhood adversity on identity formation and psychopathology in adolescence

Abstract ID: 91

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Background/Objective

Childhood adversity is a major risk factor for psychiatric disorders, and has especially been associated with an admixture of depressive, anxiety and psychosis symptoms. Identity formation is a major developmental task during adolescence, which may be impacted by adverse experiences during development. Maladaptive identity formation, more in particular identity confusion and ruminative exploration, has been separately linked to both psychiatric symptoms and childhood adversity, but to our knowledge, no study has directly investigated identity formation in adolescents with and without exposure to a variety of adverse childhood events and its effect on psychopathology.

Method

We investigated the association between childhood adversity, maladaptive identity formation and depressive, anxiety and psychosis symptoms in a general population sample of 1913 Flemish adolescents between 11 and 20 years old (mean age = 13.76, SD = 1.86).

Results

We found an association between childhood adversity and increased maladaptive identity formation, more specifically identity confusion and ruminative exploration, and decreased identity synthesis. Additionally, maladaptive identity formation was associated with a higher number of self-reported symptoms. Finally, childhood adversity did not moderate the association between maladaptive identity and symptoms of depression, anxiety and psychosis. It did however attenuate the seemingly protective effect of commitment making and exploration in breadth on the development of this particular admixture of symptoms.

Conclusions

This study reveals the importance of (maladaptive) identity formation during adolescence in the association between childhood adversity and depressive, anxiety and psychosis symptoms.

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Caregivers of children with ASD: what determines their quality of life?

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Background/Objective

This study investigated associations of the caregiver's quality of life (QoL) with several child, caregiver, and caregiving situation characteristics in 81 caregivers of clinically referred children (aged 2-10 years) with an autism spectrum disorder (ASD) classification. We included general and problem characteristics of the children and their caregivers, as well as caregiving situation characteristics.

Method

Data were collected as part of the "Social Spectrum Study", a prospective multicenter study focused on individual, familial, and societal characteristics of clinically referred children with autistic traits. We identified children with an ASD classification by using the Autism Diagnostic Observation Schedule (ADOS-2). Caregivers, mostly the parents, completed self-reports and proxy reports, also on potential caregiver resilience factors, such as adaptive coping and personal growth. Rather novel was the simultaneous assessment of health-related QoL with the EuroQol five-dimensional questionnaire (EQ-5D) and care-related QoL with the care-related QoL questionnaire (CarerQoL) to capture both perspectives. We performed univariate and multivariable regression analyses.

Results

We found caregiver's health-related QoL to be associated with self-reported internalizing problems and adaptive coping, explaining 38% of the variance. Parenting stress and adaptive coping were associated with the care-related QoL, explaining 60% of the variance. Health- and care-related QoL each provided a unique perspective on the caregiver's QoL, with adaptive coping being a common factor. Child characteristics were not associated with the caregiver's QoL if caregiver and caregiving characteristics were taken into account.

Conclusions

Findings indicate the importance of the caregiver's mental health, coping, and parenting stress in caring for and guidance of children with ASD.

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Acute and Chronic Cognitive Side Effects of AEDs in Adolescents with Epilepsy

Abstract ID: 93

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Background/Objective

The aim of the study was to evaluate the acute (ACSE) and chronic (CCSE) cognitive side effects of the most commonly AEDs in adolescents with epilepsy.

Method

A prospective study was conducted in 58 adolescents with newly diagnosed epilepsy and prescribed monotherapy (CBZ, VPA, TPM, LVT, LTG) and 16 adolescents with epileptic seizures uncontrolled by monotherapy, who were prescribed polytherapy (CBZ+VPA, LTG+VPA, VPA+LVT). All randomized adolescents were examined using Cambridge Neuropsychological Test Automated Battery in order to assess ACSE. Cogtest automated battery was used to assess CCSE.

Results

No ACSE were found in adolescents treated with LTG and LVT in average therapeutic doses. One in two adolescents treated with VPA (>1,000 mg/day) and those treated with CBZ demonstrated ACSE. The most frequent ACSE impairment was observed in adolescents treated with CBZ (>600 mg per day) and those on combined CBZ and VPA therapy. Adolescents treated with LTG and LVT in a wide range of doses did not demonstrate CCSE after 12 months of treatment. While TPM monotherapy, more than a half of adolescents treated with CBZ+VPA demonstrated CCSE.

Conclusions

Adolescents who received CBZ, VPA, CBZ+VPA therapy to be closely monitored for possible ACSE and CCSE, on TPM therapy for possible ACSE at the dose titration stage. Therapy with LVT and LTG does not require of CSE monitoring.



Specialist integrated care teams to improve support for families with multiple problems

Abstract ID: 98

Presenting author: Helena Heek, *LUMC Curium Child- and Adolescent Psychiatry Leiden, THE NETHERLANDS*

Background/Objective

Families with multiple and enduring problems are in need of tailored support in multiple life domains, provided by various specialist organizations. To provide coordinated support for these families, local multidisciplinary teams are established: specialist integrated teams (SIT). However, we lack knowledge whether these teams contribute to coordinated specialist care, and tailored support for these families. In this study we explored parental perspectives on the care provided by SIT.

Method

In this qualitative study five local SIT participated. To identify parents' experiences and perspectives on the care provided, 15 semi-structured interviews were conducted with parents who received support from a SIT. Themes included: shared decision-making between parents and the SIT and facilitators and barriers in the team's working method, e.g., a family-centered focus. Thematic analysis was conducted to overarchingly identify parents' experiences and perspectives on the support provided.

Results

Results show that parents appreciated the accessibility and the availability of specialist care for all family members. The various expertise within a SIT contributed to a collaborative and broad analysis of problems, integrating the different areas of expertise and enabling problems to be well prioritized. Moreover, parents valued the practical and low-threshold support offered by the teams.

Conclusions

Our findings indicate that parents valued the combining of specialists from various organizations into one team. Parents experienced interprofessional collaboration within the SIT and adequate and integrated support. Consideration should be given to the continuity of care in services outside the SIT, such as local Youth Teams, specialized youth care and adult services.



Patterns of longitudinal medical treatment of pediatric patients ever-diagnosed with attention deficit hyperactive disorder (ADHD): a community-based, retrospective, naturalistic study

Abstract ID: 103

Presenting author: Shlomit Tsafir, *Clalit Health Services Mental Health - Jerusalem District Jerusalem, ISRAEL*

Background/Objective

Pharmacological treatment in ADHD in community settings exhibits much variation. Although the short-term efficacy of treatment was established in multiple studies, it was shown that the efficacy of treatment dissipates rapidly, and it is unclear whether long-term treatment alters the course of ADHD and

improves quality of life. Prescription filling is a proxy for the perceived added value of treatment. The goal of this study is to identify distinct patterns of longitudinal prescription filling among pediatric patients, ever diagnosed with ADHD.

Method

population: insurees of Clalit health services registered, who were diagnosed with ADHD during 2000-2019 and were 4–17-year-old at the time of diagnosis. We obtained longitudinal ADHD-specific prescription filling data during 2010-2019. We cluster prescription-filling vectors using K-means analysis and characterize the different clusters.

Results

The data includes 57,110 patients. Throughout 2010-2019, the lifetime prevalence of ADHD among children 4–17-year-old had increased from 6.7% to 11.9%. 51% of children, ever diagnosed with ADHD, filled at least one ADHD-specific prescription per annum. Naïve cluster analysis of prescription-filling vectors yields four distinct treatment patterns: high intensity, continuous, from late childhood to late teens (6.9%); moderate-intensity, continuous, from early childhood to early teens (9.4%); mild-to-moderate intensity, continuous, from late childhood to late teens (17.7%); and low intensity, sporadic (66%).

Conclusions

Children among the first three clusters, constituting a third of the children, filled prescriptions for prolonged periods, which implies perceived positive net value. characterizing distinct longitudinal prescription-filling patterns substantiates the variation in the long-term efficacy of pharmacological treatment for ADHD in a treatment-as-usual community setting.

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Leveraging administrative data to better understand and address child maltreatment: a scoping review of data linkage studies

Abstract ID: 106

Presenting author: *Shruti Das, University of Cambridge School of Clinical Medicine Cambridge, UNITED KINGDOM*

Background/Objective

Child maltreatment (including abuse, neglect, and exposure to domestic violence) is one of the most significant and preventable risk factors for mental ill health. This scoping review aimed to identify and describe studies that used administrative data linkage in the context of child maltreatment to improve our understanding of the value that data linkage may confer for policy, practice, and research.

Method

We searched MEDLINE, Embase, PsycINFO, CINAHL, and ERIC electronic databases in June 2019

and May 2020 for studies that linked two or more datasets (at least one of which was administrative in nature) to study child maltreatment.

Results

121 studies met inclusion criteria. Most were published in the past decade and took place in the United States or Australia. Data came primarily from social services and health sectors, and linkage processes and data quality were often not described in sufficient detail to align with current reporting guidelines. Most studies were descriptive in nature and study findings fell under eight themes: (1) descriptive epidemiology, (2) risk factors, (3) outcomes, (4) intergenerational transmission, (5) case identification, (6) intervention/service evaluation, (7) multi-sector involvement, and (8) methodological considerations and advancements.

Conclusions

Included studies demonstrated the wide variety of ways in which data linkage can contribute to the public health response to child maltreatment, although certain areas (particularly case identification and intervention/service design and evaluation) were largely underexplored. The findings of this review can help maximise efforts to prevent and respond to child maltreatment, which may ultimately contribute to improved mental health outcomes.

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Do children with Disruptive Mood Dysregulation Disorder show executive dysfunction? Preliminary findings

Abstract ID: 112

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Background/Objective

Executive dysfunction in skills necessary for emotion regulation could be a determinant for children with Disruptive Mood Dysregulation Disorder (DMDD) compared to other child mental disorders. The aim of the present study was to compare parent-reports of daily-life executive functions, including the regulation of emotion, behavior, and cognition, in a clinical sample of children with and without DMDD.

Method

The sample consisted of 108 children (6-12 years) referred to outpatient services. Parents were interviewed with K-SADS-PL (DSM-5 version) and completed the Behavior Rating Inventory of Executive Function (BRIEF2) consisting of three indexes (Emotion Regulation, Behavior Regulation, and Cognitive Regulation), as well as a superordinate Global Executive Composite.

Results

Comparison of DMDD (N=26) and non-DMDD (N=82) children showed that there was a statistically significant difference in Emotion regulation, $F(1, 93) = 8.82, p = .01$, Behavior regulation $F(1, 93) = 5.18, p = .025$, and overall executive functioning ability, $F(1, 93) = 4.37, p = .04$, with DMDD children having more dysexecutive symptoms. No difference was observed for Cognitive regulation. DMDD children had clinically elevated scores on all indexes except Cognitive regulation.

Conclusions

Our preliminary results suggest that in daily life, children with DMDD are perceived by parents to have adequate cognitive skills but are more frequently overwhelmed by feelings without accompanying abilities to regulate their emotions nor behavior, compared to other children in need for psychiatric treatment. Further support for these findings will have important treatment consequences, recommending interventions aimed at engaging executive functions necessary for emotion regulation.

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Assessing the effectiveness of ADMiRE, Ireland's first early access specialist service for childhood ADHD.

Abstract ID: 113

Presenting author: Maeve Haran, ADMiRE, Linn Dara CAMHS, Health Service Executive, Dublin,, IRELAND

Background/Objective

One-third of children attending Child Mental Health Services (CAMHS) in Ireland have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). CAMHS are currently overwhelmed with urgent referrals, and "routine" ADHD assessments are often significantly delayed. ADMiRE was set up in 2019 to offer early access to a structured assessment/intervention protocol for young people (YP) who are

referred to CAMHS with likely ADHD (McGrath, 2020:https://doi.org/10.1017/ipm.2020.53). The research objective was to assess clinical practice and outcomes in ADMiRE over 3 years.

Method

In January 2020, 2021 and 2022, in-depth retrospective file reviews of YP attending ADMiRE were performed. Information about demographics, diagnosis, assessment, pharmacological treatment and outcomes were recorded. Standards for diagnosis/management of ADHD were obtained from NICE guideline NG87. Data analysis investigated adherence to standards and compared progress/outcomes between 2019, 2020 and 2021.

Results

Currently 175 YP attend ADMiRE (17% female, 83% male). 100% have ADHD, 84% have a comorbid diagnosis. There is high adherence to standards in NICE guidelines. 86% of YP in ADMiRE are on medication. 81% of YP who were attending the service in 2019 have been optimised on ADHD medication with effective ADHD symptom control. Between 2019 and 2021 there were changes in pharmacotherapy, physical monitoring and primary care engagement.

Conclusions

This three year study demonstrates that the model of care in ADMiRE results in early access to effective ADHD assessment/intervention for YP with a suspected diagnosis of ADHD. Early diagnosis and effective treatment for ADHD will prevent emergence of the negative academic, social and health consequences of untreated ADHD.

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Sleep difficulties in children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) in an ADHD specialist service in Ireland.

Abstract ID: 116

Presenting author: Laura Bond, *Linn Dara ADMiRE Dublin, IRELAND*

Background/Objective

Sleep difficulties are common amongst young people (YP) with attention deficit hyperactivity disorder

(ADHD), however research in this area is sparse. The purpose of this study was to investigate sleep difficulties in YP with ADHD attending Linn Dara ADMiRE, a specialist ADHD service in Ireland.

Method

This was a cross-sectional online survey combined with retrospective chart review. Participants were parents/guardians of YP with ADHD attending Linn Dara ADMiRE (n=247). The online survey, hosted by Qualtrics, was disseminated to participants via text message. Sleep was assessed using The Children's Sleep Habits Questionnaire (CSHQ) (Owens, 2000) and ADHD symptoms using the SNAP-IV (Swanson, 1995). Additional information about demographics, comorbidity and medication was collected from patient records. Data were analysed in SPSS Statistics.

Results

Data from 83 YP with ADHD were included (age range 6-18, mean=12.61, M:F ratio:~4:1). 77% of participants study scored above the diagnostic cut-off for a sleep disorder (95% CI: 0.67-0.85). The most frequently reported sleep difficulties were related to sleep onset (53%) and sleep duration (52%). There was a significant positive association between the CSHQ total score and both ADHD hyperactive/impulsive symptom severity ($p<0.003$) and ADHD inattention symptom severity ($p<0.001$). There was a negative correlation between melatonin use and sleep difficulties ($p=0.04$), but no association between comorbid diagnoses or socio-economic-status and sleep difficulties.

Conclusions

Sleep difficulties in YP with ADHD are common and are significantly associated with more severe ADHD symptoms. Future research should focus on effective management of sleep difficulties as part of a holistic interventional approach for ADHD.

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Training in CAPP in Turkey and in Switzerland: differences and similarities

Abstract ID: 117

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Background/Objective

To compare the underlying scientific and didactic concepts, institutional methods, underlying values and practical aspects of two European training programmes in CAPP in order to identify differences and similarities, as well as mutual possibilities to improve the programmes.

Method

In a head to head-comparison the following three fields of interest were compared: 1. Basic ethical and value-oriented concepts, length of training, schedules, training methods, role of psychotherapy, social psychiatry and psychopharmacology, interdisciplinary approaches etc. 2. Institutional aspects of two well-established specialist training centres (University of Dokuz Eylül/Izmir/Turkey vs. Luzerner Psychiatrie/ Lucerne/Switzerland) 3. The individual experiences of two of the authors were integrated in a qualitative way.

Results

Although Turkey and Switzerland have disparate training programmes in CAPP, there are many similarities, in particular with regard to basic values, scientific approaches and nosology. The practical education and real clinical procedures differ due to the regional disparities. Moreover, well-reflected individual experiences play a major role in shaping CAPP trainees into effective child and adolescent psychiatrists.

Conclusions

European endeavors to standardise and homogenise CAPP-training programmes such as those by UEMS and by international scientific exchanges (ESCAP for example) have led to good comparability of training options for young colleagues in our field, despite the specific countries having distinct traditional, political and clinical systems.

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Dissociating effect of anxiety and depression on updating emotional information in working memory among emerging young adults: A hierarchical linear modeling approach

Abstract ID: 123

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Background/Objective

Information in working memory (WM) is constantly being replaced by new information. Individuals with anxiety and depression have been shown to have impairments when neutral information are updated, but there are mixed results when the information has emotional valence. However, most studies examined anxiety-related or depression-related WM deficits independently. There is an urgent need to explore the transdiagnostic relevance of impaired WM processing of emotional contents to anxiety and depression, especially among emerging young adults, .

Method

The present study tested WM updating in relation to anxiety and depression using an emotional 2-back task in a non-clinical sample of emerging young adults. Self-reported measures of anxiety and depression were also administered. Hierarchical linear models (HLM) were used to examine the predictive value of anxiety and depressive symptoms on overall WM updating performance and distractor resistance.

Results

Results showed that participants updated negative contents with the highest accuracy compared to neutral and positive contents, while they updated positive contents less accurately than neutral contents. By contrast, negative distractors produced the greatest intrusions. High levels of anxiety but not depression predicted poor WM updating performance across all three emotional valences. No significant effect of anxiety or depression on distractor resistance was found.

Conclusions

This finding demonstrates evidence for linkage between WM and anxiety, but not depression. This line of research may have applied value in designing feasible interventions to reduce deficits in WM among persons who suffer from anxiety.

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Pain Sensitivity in Adolescent Non-Suicidal Self-Injury – Neurobiological Concomitants and Clinical Findings

Abstract ID: 131

Presenting author: Michael Kaess, *University of Bern University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, SWITZERLAND*

Background/Objective

Pain sensitivity is known to be decreased in adolescents presenting with non-suicidal self-injury (NSSI). However, little is known concerning the causal relationship between pain sensitivity and NSSI and potential mechanisms underlying this phenomenon. Recent clinical and neurobiological research has tried to identify concomitants of altered pain sensitivity in adolescents with NSSI in cross-sectional and longitudinal studies.

Method

The talk will review existing findings on altered pain sensitivity in adolescents engaging in NSSI. Special emphasize is placed on (1) the longitudinal course of pain sensitivity in association with the development of clinical symptoms; and (2) associations between pain sensitivity and neurobiological markers (i.e., psychophysiological and endocrine responses to pain induction, blood biomarkers in association with pain sensitivity).

Results

Adolescents engaging in NSSI show decreased pain sensitivity and altered psychophysiological and neuroendocrine responses to pain induction. Findings on the longitudinal course of pain sensitivity in NSSI seem counterintuitive, as pain sensitivity shows no normalization in those discontinuing the behavior. Preliminary findings illustrate no association between pain sensitivity and the endogenous opioid system.

Conclusions

Although it is well established that pain sensitivity is altered in adolescents engaging in NSSI, the exact mechanisms remain unclear. Innovative methodological approach in real-world setting may provide important insights beyond laboratory-based studies. Given the unique association between pain and NSSI, further insights into mechanisms underlying pain sensitivity in adolescents engaging in NSSI may inform clinical practice.



Executive functions of children with oral clefts: A pilot study.

Abstract ID: 135

Presenting author: Kinga Amalia Sandor-Bajusz, *University of Pecs Department of Pediatrics Pecs, HUNGARY*

Background/Objective

Individuals born with oral clefts are at higher risk for psychiatric and neurobehavioral difficulties than the rest of the population. New advances in neuroimaging and neurobiology have strongly suggested a unified primary dysfunction of normal brain and face development that could be an explanation for the observed neurodevelopmental-related issues. The aim of the current study was to identify executive dysfunction in children and adolescents with oral clefts in order to analyze the risk associated to the presence of the congenital defect on brain development. Additionally, we aimed to screen children with oral clefts for psychiatric and psychosocial issues.

Method

A prospective-comparative pilot study was carried out at the Department of Pediatrics of the University of Pécs. The participants were between 8 and 16 years old. The study consisted of two questionnaires (parental and self-report versions), four computer-based cognitive tests and an IQ test.

Results

A total of 16 children with oral clefts and 14 age/sex-matched controls participated in the study. Neurodevelopmental-related issues were observed in more than half of the children with oral clefts (62,5%). Statistical analysis revealed significant difference in the Corsi Block-Tapping Test; controls performed better than children with oral clefts ($p < 0.05$).

Conclusions

Children with oral clefts significantly underperformed compared to controls in one of the four cognitive tests. Children with oral clefts presented more often with neurodevelopmental-related issues and a

positive family history of psychiatric disorders. Increasing the size of both study populations will allow a more detailed investigation of the differences between these children.

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Play therapy as a choice during pandemic Covid 19, challenges and possibilities

Abstract ID: 136

Presenting author: *Natasa Ljubomirovic, Insitute of Mental Health Clinic for Children and Adolescents Belgrade, SERBIA*

Background/Objective

The events around the world of the Covid 19 pandemic have affected especially young children. The need for play and support for parents and children to organize their daily lives and routines are more than ever.

Method

Video presentation obstacles and challenges during the pandemic for children with disabilities and their parents. Play therapy is a broad field of therapeutic intervention based on the play in order to help the child to cope with problems. To present three cases who are present reality during the Covid 19, and how we find the way to help through play therapy.

Results

Play therapy can reduce hyperactivity and irritability and help children express fear and anxiety. Play can be a space of safety, bonding and communication. In children with developmental disabilities such as autism, it can help to understand the rules and behaviors during a pandemic.

Conclusions

Play never stops being a bridge to better coping and making sense of a chaotic world. While technology-based training, including video conferencing and video review, may be more accessible, technology can also introduce unique challenges by increasing trainer's reliance on verbal feedback and reducing their ability to use common strategies such as modeling and landscaping. For parents it's very important, to be more come and better organized forward to better self-confidence.

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Intervention Protocol in a Child- Adolescent Psychiatry Department during Global Health Emergency

Abstract ID: 137

Presenting author: Antonia Olivari, *Universidad del Desarrollo/ Hospital Padre Hurtado Community Mental Health Service Santiago, CHILE*

Background/Objective

Due to COVID-19 and permanent lockdown in Santiago, it was impossible for our community mental health facility to maintain face-to-face interventions. Our population has one of the highest psychosocial risks in Chile, so the continuity of treatment was essential. Because of their limited internet connection, the use of digital platforms was not possible. We decided to contact our patients via phone calls after a meticulous literature research.

Method

The Child- Adolescent Psychiatry Department developed a phone call intervention protocol mainly to prioritize the needs of the 244 patients during the health emergency. The patients and their families were evaluated for social needs and mental health emergencies. With this information, a triage was made, and patients were divided into three categories. The first group were those with severe psychiatric symptoms and were the only ones with face-to-face consultation with a child-adolescent psychiatrist. The second and third groups were patients who benefited from weekly/monthly psychological and social interventions via telephone with minimal change in their medications (which were delivered to them). These three categories were updated weekly by a virtual meeting of the psychosocial and medical staff.

Results

During the 6 months of permanent lockdown: 25 patients were part of the first group, 152 of the second, and 67 of the third group. Only 3 patients required psychiatric hospitalization.

Conclusions

We conclude that this modality is appealing to be replicated in mental health for its fast installation, high effectiveness in identifying psychiatric emergencies, and the continuity of treatment in health contingencies.

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Exploring sex differences in the association of age with depressive symptomatology in childhood and adolescence: A network study

Abstract ID: 138

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Background/Objective

Depressive symptomatology increases during adolescence and is often preceded by both depression and anxiety symptoms in childhood. In general, girls report more depression and anxiety symptoms than boys, but empirical evidence regarding sex differences in the association of age with individual depression and anxiety symptoms is limited. This study explores whether the association of age with individual depression and anxiety symptoms and their interrelations differs between girls and boys.

Method

Our study comprised cross-sectional data from 31,960 Dutch girls and 32,162 Dutch boys aged 8 to 18 and considered 11 depression symptoms and 14 anxiety symptoms measured by the Revised Child Anxiety and Depression Scale. Network estimations were used to examine whether age was associated with individual symptoms and, in a separate step, with the connectivity (number/strength of connections) of symptoms with other symptoms.

Results

Age was, in general, positively associated with depression symptoms in girls but not in boys, and with the connectivity of depression symptoms with other depression symptoms in both sexes. These findings were the most profound for energy-related symptoms, especially in girls. Age was, in general, negatively associated with anxiety symptoms and not associated with the connectivity of depression symptoms with anxiety symptoms, neither in girls nor in boys.

Conclusions

Girls and boys differ in the association of age with depressive symptomatology. Future etiologic studies may examine the role of energy-related depression symptoms in the development of depressive symptomatology in girls as these symptoms seem potential targets for the prevention of depression in the female population.

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The relationship is at the core of the healing process - long-term (1 year) psychosocial intervention impact for children (8-11) with attachment problems – results from a case series study

Abstract ID: 141

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Background/Objective

Consistent long-term clinical psychosocial interventions did not exist in Lithuania till one pilot daycare center was founded in 2018. However, there are many social daycare centers, where children from vulnerable families attend, so these children could be at high risk for developing various disorders. The purpose was to evaluate the impact on children's mental health of interventions got in the clinical center and the ordinary one.

Method

1 clinical and 1 daycare center were included and Trust-Based Relational Intervention® (TBRI®) was there implemented. In the clinical center, patients received more complex psychosocial interventions in addition. There were 6 participants from the clinical center and 12 from the social one. Assessments were scheduled before, after 6 months, and after 1 year of attendance. SDQ, CBCL questionnaires for parents and teachers, a semi-structured clinical psychiatric interview for parents were used. All the children had completed the Child attachment interview before and at the end of the year, also they had a clinical psychiatric interview at the same frequency as for parents.

Results

Data collection commenced in February 2019 and finished in August 2021. Overall positive outcomes from both centers were noticed. Results in detail from this study will be shared.

Conclusions

Taking into account the methodological limitations of the study, however, the results are promising and further research is needed.

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Smart sensory technology in tele-psychotherapy of children and adolescents with obsessive-compulsive disorder (OCD): a feasibility study

Presenting author: Annika Kristin Alt, *University Hospital of Psychiatry and Psychotherapy Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy Tübingen, GERMANY*

Background/Objective

Telemedicine interventions can make state-of-the-art behavioural treatment of OCD more accessible, possibly improved. The therapies take place in the patient's immediate home environment, allowing for a more valid symptom update. A preliminary study demonstrated the effectiveness of using telemedicine interventions with adolescents. The planned project is a further development of the therapy concept, a sensor-based therapy for adolescents with OCD. Emotions, such as anxiety and stress, can be recorded by sensors during the therapy session. The information makes it possible to adapt the therapy process more individually.

Method

Testing of the therapy system on 10 healthy subjects and 6 adolescents with obsessive-compulsive disorder. Evaluation through the treatment of 26 patients (12-18 years) with compulsions. A total of 14 weekly online therapy sessions with patients/parents. Recording of the patients' field of vision via an eye-tracker, heart rate as measures of stress reactions and pupillometry as an indicator of approach and avoidance behaviour. The data is reported back to the therapist in real time. Daily symptoms are recorded by patients/parents via app and integrated into the therapy process. Cost-effectiveness testing of this sensor-based therapy approach through cost and time recording of the therapy procedure.

Results

Good feasibility, significant symptom reduction of the patients, technical support during the course of therapy for the families is expected.

Conclusions

Technical realisation of the study set-up has taken place, timely recruitment and implementation of the project. The aim is to overcome the limitations of online interventions (difficult visual conditions / concrete naming of emotional experiences).

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SUCCESSFUL TREATMENT OF INSOMNIA IN ASD WITH PEDIATRIC PROLONGED RELEASE MELATONIN (Slenyto®): A CASE REPORT

Abstract ID: 154

Presenting author: Oliviero Bruni, *Sapienza Developmental and Social Psychology Rome, ITALY*

Background/Objective

Insomnia affects many children with autism spectrum disorders (ASD). Pediatric prolonged release melatonin (Slenyto®) is the only approved drug for this population. Currently, there are no structured guidelines. Recently a group of experts published a tool to evaluate the treatment of insomnia with defined treatment goals: sleep latency (SL)<30; longest sleep episode (LSE)>6h, total sleep time (TST) as recommended by the national sleep foundation and a treatment algorithm for Slenyto®.

Method

We report a case of a 4-year-old female child with ASD and severe insomnia, unresponsive to sleep hygiene, behavioral treatment, common drugs and OTC compounds. Sleep Disturbance Scale for Children (SDSC, Insomnia subscale) and a screening tool to exclude other sleep disorders were administered. At baseline, sleep parameters were: SL > 45-60', LSE <5h, TST 5-7h and at least one prolonged awakening per night. The child showed daytime irritability, stereotypies, inattention and hyperactivity, with parents' dissatisfaction. According to the algorithm, treatment with Slenyto® was started at 2 mg with partial benefit and then increased to 5 mg.

Results

After a few weeks, there was an improvement of sleep parameters and the patient met almost all treatment goals: SL decreased to <45', LSE was 9h and TST increased to 10h, there were only occasional brief awakenings. Externalizing behaviors improved markedly with parental satisfaction

Conclusions

This case-report confirms that treatment with Slenyto® significantly improves sleep parameters, according to the insomnia treatment goals; it also offers benefits both on child's externalizing behaviors and caregiver's quality of life, with a favorable safety profile.

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Development of the pupillary light reflex in infants at increased likelihood of developing ASD

Abstract ID: 155

Presenting author: Jean Steyaert, *KU Leuven Neurosciences Leuven, BELGIUM*

Background/Objective

Autism spectrum disorder (ASD) is a neurodevelopmental condition that is diagnosed based on behavioral characteristics. Due to their developmental nature, characteristics of ASD at an early age can be subtle. In search for tools to reveal possible underlying mechanisms, pupillometry has shown to be a promising and easy measure, as a window into the autonomous nervous system. Pupillometry is the measurement of the pupil size at baseline and the changes in size as reaction to a stimulus, such as constriction to light. In our recent meta-analysis, we showed that the latency to maximum pupillary constriction during the pupillary light reflex (PLR) robustly differs between persons with and without ASD (Hedges g 1.03). While latency is generally prolonged in children, adolescents and adults with ASD, an opposite effect is shown in most studies of infants or toddlers with an early diagnosis or at increased likelihood of developing ASD. This study aims to further confirm this developmental effect.

Method

We investigated the maturation of the autonomous nervous system by tracking the evolution of the PLR at the ages of 5, 10, 14 and 24 months in 173 infants at increased likelihood of developing ASD as well as in 31 infants at typical likelihood of developing ASD. The pupillary response was recorded with a Tobii eyetracker, while infants sat on their parents' lap and watched a black screen shortly flashing white, in between other tasks.

Results

Data analysis is currently ongoing.

Conclusions

A comparison of developmental trajectories will be presented at the conference.

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The development of a virtual reality-based intervention for adolescents with disruptive behaviour problems

Abstract ID: 162

Presenting author: Renée Klein Schaarsberg, *Amsterdam UMC Child and adolescent psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Adolescents with disruptive behaviour problems do sometimes not respond to the behavioral treatment they receive. In order to increase treatment responsivity, we developed Street Temptations (ST). In this intervention, mentalizing is used as the assumably main therapeutic mechanism, which is incorporated into practical and dynamic exercises. By helping adolescents reflect on both their own behaviour as on that of others, ST aims to create a context in which behavioural change can actually be enhanced.

Method

Multiple adolescents and youth care practitioners participated in an iterative co-creation process. Through this co-creation, the aim was to develop an intervention that specifically fits into clinical practice. Parallel to the intervention development, we are focusing on setting up a study to gain first insights into the effectiveness of ST.

Results

One of the innovative aspects of ST is the use of 360-degree virtual reality (VR) technology, to provide scenarios that come as close as possible to the real-life situations adolescents encounter. Additionally, due to its visual presentation, VR seems to be ideally suited to meet the needs of the adolescents aimed at. Simultaneously, a multiple baseline Single-Case Experimental Design (SCED) study has been set up, to provide a first and thorough exploration into ST's effectiveness.

Conclusions

With Street Temptations, we aim to innovatively contribute to adequate treatment options for adolescents with disruptive behaviour problems in order to help them react less hostile and aggressive. Our SCED-study will be the first to gain insights into ST's effectiveness. Based on the results, ST can be further developed and examined.



Are the prodromal symptoms and the duration of untreated psychosis different in early vs. adult onset in schizophrenia spectrum or bipolar disorders first episode of psychosis patients?

Abstract ID: 164

Presenting author: De la Serna Elena, CIBERSAM CIBERSAM Barcelona, SPAIN

Background/Objective

The identification of prodromal symptoms is key to decrease the duration of untreated psychosis (DUP). To specifically characterize those symptoms in patients with early (< 18 years, EOP) vs. adult onset psychosis (AOP) and in schizophrenia spectrum disorder (SSD) vs. bipolar disorder (BD) could help to better implement early detection/prevention programs.

Method

331 patients with a first episode of psychosis (7-35 years old) were recruited and 174 (52.6%) diagnosed of SSD or BD at one-year follow-up. The Symptom Onset in Schizophrenia-SOS inventory, the Positive and Negative Syndrome Scale and the structured clinical interviews for DSM-IV diagnoses were administered.

Results

EOP had more significant number of prodromal symptoms and higher frequency of trouble with thinking, avolition and hallucinations than AOP, with almost significant differences in DUP (140 ± 166.1 vs 105.2 ± 123.5 days; Wald statistic= 3.369, $p=0.066$). DUP was significantly longer in SSD vs. BD patients (133.6 ± 136.4 vs. 71.6 ± 105.7 days; Wald statistic =7.205, $p=0.007$) and had different profile on some prodromal symptoms. When interaction of the age at onset by type of diagnoses were assessed, the symptom avolition was statistically significant, being AOP with SSD those with higher frequency of this symptom vs AOP BD patients.

Conclusions

Differences in length of DUP and some prodromal symptoms in EOP vs AOP and SSD vs BD patients

leads to think that different approaches to the early detection of psychosis should be conducted in minor population to better adjust to their symptom profile. This study was supported by the Instituto de Salud Carlos III (PI20/00654)

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Cognitive reserve and its correlates in child and adolescent offspring of patients diagnosed with schizophrenia or bipolar disorder

Abstract ID: 165

Presenting author: De la Serna Elena, CIBERSAM CIBERSAM Barcelona, SPAIN

Background/Objective

To analyze cognitive reserve (CR) in child and adolescent offspring of patients diagnosed with schizophrenia (SZ-off) or bipolar disorder (BD-off) and compare them with a group of community controls (CC-off). We also aimed to investigate whether there was an association between CR and clinical and neuropsychological variables according to group.

Method

The study included 46 SZ-off, 105 BD-off and 102 CC-off. All participants completed assessments regarding CR and clinical and psychosocial functioning. CR was measured with a proxy based on premorbid intelligence, parental occupational level, educational attainment, developmental milestones

and sociability. The clinical assessment included the Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime, the Semi-structured Interview for Prodromal Syndromes, and the Global Assessment Functioning scale.

Results

SZ-off showed a lower level of CR compared to BD-off and CC-off, while BD-off showed an intermediate level of CR between SZ-off and CC-off. Moreover, an association between higher CR and less lifetime psychopathology, fewer prodromal psychotic symptoms, higher psychosocial functioning was observed in all groups, but it was stronger in SZ-off.

Conclusions

CR seemed to be associated with psychopathology, clinical symptoms and psychosocial functioning. SZ-off appeared to benefit more from a higher CR, therefore it could be considered a protective factor against the development of clinical symptomatology. This study was supported by the Instituto de Salud Carlos III (PI17/00741) and Alicia Koplowitz Foundation.

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From calling for help to asking for help

Abstract ID: 171

Presenting author: Mélanie Staehlin-Mauri, *University Hospitals of Geneva-Children Action Head of Clinic of the Malatavie Hospital Sector Genève, SWITZERLAND*

Background/Objective

Within the Geneva University Hospitals, Malatavie crisis unit, the private-public partnership between the HUG and Children Action is committed to the prevention of suicide among young people aged 12 to 25. One of the major challenges is to facilitate access to health services¹

Method

Since 1996, teenagers and their families, friends and professionals can call Ligne Ados 24/7. A professional (nurse or psychologist) answers and can offer an appointment with the psychologist's team.

Results

In 2021, more than 2,000 calls were recorded, representing almost 400 hours of calls. This line is often the first step from a call for help to a request for help, and as often as necessary from a call to an interview. During this telephone intake, we offer professional listening to assess risk and urgency, as well as to provide support and advice to the young person in crisis and those around him/her.

Conclusions

It is of outmost importance to create a close link between the calls and the interviews. The orientation is both to recognize the suffering and to enable the young person to pay attention to what they are experiencing. This is part of the clinical model of prevention, which is that of reception and orientation, in order to avoid as much as possible the dropout that remains important in this population. In this symposium, we will present clinical and activity data as well as the evolution that we have observed during the last two years of the COVID pandemic.



Drawing yourself in the assessment of mental development in IVF children with normal and impaired mental health

Abstract ID: 172

Presenting author: Natalia Zvereva, *Mental Health Research Center Department of Clinical Psychology Moscow, RUSSIA, Moscow State University of Psychology and Education department of neuro- and pathopsychology of development Moscow, RUSSIA*

Background/Objective

IVF is becoming more common now, it is important to understand whether the development of such children is special or not. There are conflicting data in literature about development of IVF children (norm or destroyed), few studies of "adult" IVF children. The projective self-drawing technique can be

used to assess the mental development of IVF children in combination with other assessment methods (neuropsychology, speech development, IQ).

Method

IVF children 5-12 years (M -8): 29 (16 boys) with normal mental health (G1) and 25 (15 boys) with neuropsychiatric diagnoses (G2) were observed in MHRC in Moscow "Draw yourself" methodology was used to assess mental development. Parameters: quality of drawing corresponding to age (rating 1-10), emotional state of person(smile) on picture and others. IQ, neuropsychological diagnostics, speech development were assessed additionally.

Results

IQ (117;104), quality of drawing (5,2-4,4) smiles (23; 14) are better in G1($p \leq 0.05$) Schematic type of drawing is more often in G2 Absent (6; 8), or negative emotions (0;2) are similar The quality drawing is higher in both groups: with lower neuropsychological score (images-representations, inhibitory control, interhemispheric interaction factors). With better speech development. In G1 Drawing quality score and pressure have a direct correlation with a mean level (0.389, $p \leq 0.037$) In G2, pressure and the size of the picture has an inverse correlation of average level (-.564, $p \leq 0.036$) In G2 IQ and pressure in the drawing has a strong negative correlation (-.861, $p \leq 0.006$).

Conclusions

Drawing parameters, IQ, speech development, neuropsychological factors differ in both groups. The investigation must be continued.

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Low household income and adolescent mental health

Abstract ID: 173

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Background/Objective

The association between low family income and adolescent mental health problems are cause of continuing concern. Several factors that could underlie this association have been put forward but no conclusion has been reached. In the current study, we examined whether household income was related to adolescent internalizing and externalizing problems, and explored the role of individual, parental and neighborhood characteristics in this association.

Method

The study was part of the baseline measurement of the iBerry Study, a Dutch prospective cohort study (N=1,022, mean age 15 years) in which adolescents at risk for developing psychopathology were oversampled. Household income was reported by parents. Low income was defined as belonging to the 20% lowest incomes, which corresponded with the Dutch poverty line. Adolescent internalizing and externalizing problems were reported by adolescents and parents, using the Youth Self-Report and Child Behavioral Checklist. Covariates included adolescent (sex, age, ethnicity, IQ score, perceived social support, adverse life events and physical health), parental (psychopathology, IQ score, parenting) and neighborhood characteristics.

Results

Multiple regression analyses showed that low household income was associated with more internalizing and externalizing problems in adolescents. For externalizing problems, low income was only associated with parent reports and not with self-reported externalizing behavior. The associations between low household income and internalizing and externalizing problems were explained by physical health, parental psychopathology, social support and adolescent IQ score in particular.

Conclusions

The current findings illustrate the far-reaching impact of poverty on adolescent mental health. Our research provides leads for preventive interventions.

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Increase in emotional distress and self-injurious behaviour due to the COVID-19 pandemic in university students with a lifetime history of non-suicidal self-injury

Abstract ID: 175

Presenting author: Daniel Schleicher, *University of Regensburg Department of Child and Adolescent Psychiatry and Psychotherapy Regensburg, GERMANY*

Background/Objective

Non-suicidal self-injury (NSSI) constitutes intentional harm to one's own body, with no intent to die. A history of repetitive self-injurious behaviour in adolescence shows strong associations with emotion regulation problems, internalizing disorders and further self-injurious behaviour in young adulthood. In particular, a lifetime history of self-injurious behaviour among university students appears to be an important risk factor for the development of emotional distress and depressive mood during the COVID-19 pandemic. The current study therefore investigated possible changes in emotional distress and self-

injurious behaviour between and within two groups of students with prior NSSI (pNSSI; before 18 years of age) and continuous NSSI (cNSSI; before and after 18 years of age).

Method

N = 175 subjects (pNSSI: n = 52; cNSSI: n = 123) participated in the online survey and answered questions about changes in emotional distress, self-injury pressure and frequency of self-injury during the pandemic.

Results

Within both NSSI groups, there was an increase in self-injury pressure and emotional distress during the pandemic. Furthermore, the cNSSI group showed an increase in the frequency of self-injurious behaviour. When comparing both groups, significantly greater self-injury pressure was found in the cNSSI group, whereas no difference was found with regard to emotional distress.

Conclusions

While early cessation of NSSI in adolescence appears to be protective, continuation of NSSI into young adulthood emerges as a risk factor for more frequent self-injurious behaviours and greater self-injury pressure during the pandemic. Prevention and treatment services should be provided by universities in order to offer these students effective help.

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Development of a coding system for observed parental autonomy support and psychological control

Abstract ID: 176

Presenting author: Wilma Wentholt, *Leiden University Clinical Psychology Leiden, THE NETHERLANDS*

Background/Objective

Perceived parental autonomy support (AS) and psychological control (PC) have been found to relate to adolescent internalizing and externalizing problems (e.g. Lansford, Laird Pettit, Bates, & Dodge, 2013).

However, there is a lack in literature as well as methodology (i.e. coding systems) for observed levels of these behaviors. We therefore aimed to develop a coding system for parental AS/PC.

Method

Parent-adolescent dyads of the RE-PAIR study participated in three interaction tasks (problem solving, event planning, reminiscence) that were videotaped. The development of the coding system consisted of four phases: orientation (reading literature and watching videotaped behaviors), development of the system and writing the manual, piloting the system, and finalizing the system.

Results

The final coding system consists of three 9-point subscales of AS (encouraging input, explaining motivations, receptiveness to expressions; $\alpha = .77$) and three 9-point subscales of PC (constraining expressions, guilt induction, invalidating emotions, $\alpha = .70$). A first group of coders was trained in the system in five sessions and appeared highly reliable based on a set of thirty videos (ICC range [.83, .94]). A second group of coders will be trained in the spring of 2022 and code the same reliability set.

Conclusions

To conclude, we developed a reliable coding system for parental AS and PC while interacting with their adolescent child. Multilevel analyses will be used to test whether parents of adolescent with and without a depressive disorder differ in levels of observable AS and PC. Results will be presented during the symposium.

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Post-Traumatic Stress Symptoms in a sample of children and adolescents during COVID-19 pandemic in Spain.

Abstract ID: 177

Presenting author: *María Vallejo-Valdivielso, University of Navarra Clinic Child & Adolescent Psychiatry Unit Pamplona, SPAIN*

Background/Objective

To describe the prevalence of PTSD symptoms in a sample of children and adolescents attended in the Outpatient Child Psychiatry Unit and to analyze possible associations between PTSD symptoms and psychiatric diagnosis, sex, age and COVID-19 related experiences.

Method

Observational, cross-sectional study. Data concerning 110 children and adolescents attended in our Outpatient Child & Adolescent Unit from September 2020 to September 2021, were collected. Sample characteristics compared were the following: diagnostic criteria of PTSD, main psychiatric diagnoses, sex, age and COVID-19 related experiences (UCLA Brief COVID-19 Screen for Children/Adolescent PTSD questionnaire).

Results

57 boys and 53 girls with a mean age of 13.56 (SD 2.4) years, were included. Mean Total UCLA PTSD score was 11.57 (SD 8.89) points, 45.5% had mild and potential PTSD symptoms. Negative cognitions and mood disturbances (PTSD Criteria D) were significantly higher in girls ($p < .005$), adolescents ($p < .005$), and those with depression ($p < .005$) and eating disorder diagnosis ($p < .005$). Alterations in arousal and reactivity (PTSD Criteria E) were significantly higher in youth with depression ($p < .005$). Total UCLA PTSD score was significantly higher in girls ($p < .005$) and in youth with depression ($p < .005$). Children attended for the first time after the COVID-19 pandemic had significantly higher scores in Intrusion Symptoms (PTSD Criteria B) ($p < .005$), Criteria D ($p < .005$), and Total PTSD score ($p < .005$).

Conclusions

Nearly half of our sample of children and adolescents had PTSD symptoms that required further specific evaluation and monitoring. PTSD symptoms' screening should be included in all youth mental health evaluations, so a better specific treatment approach can be applied.

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Polygenic risk scores for antisocial behavior in relation to amygdala morphology across an attention deficit hyperactivity disorder case-control sample with and without disruptive behavior

Abstract ID: 180

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Background/Objective

Antisocial and aggressive behaviors show considerable heritability and are central to disruptive behavior disorders (DBDs), but are also frequently observed in attention deficit hyperactivity disorder (ADHD). While the amygdala is implicated as a key neural structure, it remains unclear whether common genetic variants underlie this brain-behavior association. We investigated associations

between polygenic (risk) scores for antisocial and aggressive behaviors (ASB-PRS) and amygdala morphology.

Method

Using the Broad Antisocial Behavior Consortium genome-wide association study (GWAS; mostly population based cohorts), we calculated ASB-PRS in the NeuroIMAGE I ADHD case-control sample with varying levels of DBD symptomatology (n=679 from 379 families, aged 7 – 29). We first investigated associations of several ASB-PRS p value thresholds with the presence of DBD symptoms and self-reported antisocial behavior (ASB) to determine the threshold for further analyses. This PRS was then related to amygdala volume and shape using regression and vertex-wise analyses.

Results

Our results showed associations of ASB-PRS with the presence of DBD symptoms, self-reported ASB, and left basolateral amygdala shape, independent of ADHD symptom severity and ADHD-PRS, with a relative outward displacement of the vertices. No associations of ASB-PRS, DBD symptoms or self-reported ASDB with amygdala volume were found.

Conclusions

Our findings indicate that genetic risk for antisocial and aggressive behaviors is related to amygdala shape alterations, and point to genetic sharing across different DBD and ASB and aggression-related phenotypes as a spectrum of genetically related quantitative traits. Additionally, our findings support the utility of vertex-based shape analyses in genetic studies of ASB, aggression, and DBDs.

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Bubbles: emotion perception in adolescents with non-suicidal self-injury

Abstract ID: 181

Presenting author: Alexandra Otto, University of Regensburg Department of Child and Adolescent Psychiatry and Psychotherapy Regensburg, GERMANY

Background/Objective

Non-suicidal self-injury (NSSI) is a major mental health concern in adolescents worldwide. Dysfunctional emotion regulation is considered a primary contributor to NSSI, but research on alterations in emotion perception contributing to emotion dysregulation is limited. Accurate recognition of emotions in a social context determines how we perceive and interpret our own emotional experience and conditions our thoughts and behavior towards others. This study investigates whether emotion perception is altered in adolescent patients with NSSI during information selection.

Method

Using the so-called bubble technique, we investigated the visual information adolescent patients with NSSI require to identify emotional facial expressions in comparison to healthy controls. Both groups underwent an emotion judgment task requiring identification of expressed happiness, sadness, or neutrality in facial images. The facial features available for evaluation ranged from broad and low in detail such as rough facial outlines to very detailed features such as fine lines around the eyes.

Results

Preliminary results based on 30 patients vs. 30 controls suggest that patients with NSSI use similar facial features such as lips, the nasolabial fold and the glabella to identify emotions but employ fewer feature details to identify happiness in comparison to healthy controls.

Conclusions

Adolescent patients with NSSI use fewer facial information to accomplish a decision about the positive emotions they detect, which might result in greater susceptibility to errors. As a result, the emotion recognition process, as part of emotion regulation, may be altered during information selection and therefore therapeutic approaches might benefit from including emotion recognition training.

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Adolescent cannabis experimentation and unemployment in young to mid-adulthood: results from the French TEMPO Cohort study

Abstract ID: 184

Presenting author: Maria Melchior, *INSERM/Sorbonne Université Department of Social Epidemiology/ IPLESP Paris, FRANCE*

Background/Objective

France has a high level of recreational cannabis use, with 40% of youth aged 17 reporting experimentation. Yet the consequences of cannabis use early in life on employment trajectories are not fully known. We investigated the impact of early cannabis experimentation (≤ 16 years) on future probability of unemployment in young to mid-adulthood using a longitudinal, community sample followed over 30 years.

Method

Data come from the French TEMPO Cohort study, set up in 2009 among young adults aged 22-25 years old who previously participated in an assessment in 1991. Participants who reported information on age of cannabis experimentation and employment status (2009, 2011, 2015 and 2018) were included in the statistical analyses ($n=1487$, 61.2% female). We used propensity scores to control for psychological, academic and family characteristics.

Results

In IPW-adjusted analyses, compared to never experimenters, early cannabis experimenters (≤ 16 years) had a 2.40 (2.00 - 2.88) times higher likelihood of ever being unemployed and a 3.84 (2.73 - 5.42) times higher likelihood of experiencing unemployment at least twice during follow-up.

Conclusions

Even after accounting for multiple risk factors preceding cannabis initiation, early experimentation is associated with increased odds of unemployment – and especially lasting unemployment – in early adulthood. This should be taken into consideration in discussions aiming to liberalize policies relative to cannabis use.

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Child and adolescent psychiatric visits to major health institution in Montenegro during COVID-19 pandemic

Abstract ID: 188

Presenting author: Iva Ivanović, Clinical Centre of Montenegro Institute for Children's diseases, Department for Child Psychiatry Podgorica, MONTENEGRO

Background/Objective

The COVID-19 pandemic and related restrictions impacts the daily lives of children and youth, partly due to the closure of schools, absence of outdoor activities, social isolation, changed family dynamic

as a potential result of economic stress. Montenegro with 600.000 citizens was one of the countries with the biggest negative economic impact of COVID-19 in Europe. During 2019 and 2020 there was only one child and adolescent psychiatrist, while during 2021 three. Aim of this study is to quantify and critically discuss the effect of the pandemic and related restrictions on child and adolescent psychiatric visits to major health Institution-Clinical Centre of Montenegro(CCM).

Method

This cross-sectional study is based on medical record data of all children and adolescents aged 2–18 years with at least one psychiatric visit at CCM during 2019, 2020, 2021. Three months from March 2020, due to the government's restrictions, visits were not possible.

Results

The number of all psychiatric visits increased respectively from 2019 to 2020 by 27.53% and from 2020 to 2021 by 45.97%. Psychiatric visits increased from 2019 to 2021 by 85.78%. Although most frequent diagnoses were developmental disorders, there was an overall increase of more than 40% in adjustment, mood, behavior and anxiety disorders. In adolescents most frequent disorders (20%, 22%) during 2020 and 2021 were adjustment disorders and mixed disorders of conduct and emotions, presented more in females than in males (86.14%vs.13.86%; 69.04%vs.30.96).

Conclusions

Influenced by many factors, the need for child and adolescent's consultations is increasing during COVID-19 pandemic in Montenegro.



Covid-19: Has it improved the treatment pathway for young people with ADHD in ADMiRE?

Abstract ID: 190

Presenting author: *Laura Bond, Linn Dara CAMHS ADMiRE Dublin, IRELAND*

Background/Objective

In March 2020, Covid-19 restrictions significantly affected mental health service provision for young people (YP) with Attention deficit hyperactivity disorder (ADHD) in Ireland. In ADMiRE, Ireland's first public specialist service for YP with ADHD, clinicians developed and implemented a series of clinical initiatives to ensure continuation of safe and effective service provision.

Method

Guidelines on ADHD assessment and management published by the European ADHD Guidelines Group /Canadian ADHD Resource Alliance were reviewed. ADMiRE clinicians introduced videoconferencing, a brief physical review clinic and a new system for issuing controlled drug prescriptions. In addition, an online ADHD psychoeducational website was developed and launched. Service user satisfaction was measured pre-Covid-19 (January-March 2020) and post-Covid-19 (Sept-Dec 2020) using the Experience of Service Questionnaire and ADHD rating scale. A dedicated anonymous online questionnaire was developed to assess the website.

Results

There was no significant difference in service user satisfaction with care pre- and post-Covid-19. Satisfaction in parents/carers (n=67) was high (83% reported maximal satisfaction), and was significantly higher than satisfaction in YP with ADHD (n=44) (p=0.028). Youth-reported satisfaction was negatively influenced by higher ADHD symptom severity (p=0.005). 84% of respondents to the website questionnaire (n=49) reported the information as helpful/very helpful.

Conclusions

In response to Covid-19 restrictions, clinicians in ADMiRE developed, implemented and assessed a series of initiatives that resulted in the provision of safe and effective care for young people with ADHD over the course of the pandemic. Current service user satisfaction with care is high and the service developments have improved quality of care in ADMiRE.

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Title : Prevalence of autism spectrum disorder in young people attending ADMiRE, Ireland's first specialist paediatric Attention Deficit Hyperactivity Disorder service

Abstract ID: 193

Presenting author: Sinead Killeen, *Admire ADHD specialist centre Dublin, IRELAND*

Background/Objective

There is a high prevalence of autism spectrum disorder (ASD) in young people (YP) diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), with previous studies estimating 33-37% comorbidity. When both disorders co-occur, they cause greater morbidity and create a more complicated clinical challenge. ASD services are required for this cohort, however are very limited in Ireland. The aim of this study was to investigate ASD prevalence and ASD-service access in YP referred to ADMiRE, an ADHD specialist service.

Method

A retrospective file review of 254 referrals to ADMiRE between November 2019 and September 2021 was completed. The following data was collected from each file: 1/ Existing ASD diagnosis at time of referral, 2/ SRS scores (>T-score 70) on parent/teacher rating scales, 3/ Whether ASD assessment had

been completed on those who had been referred following ADHD assessment. Data were recorded in Excel and statistics calculated.

Results

Of 254 YP referred to ADMiRE for ADHD assessment, 21% (n=45) had an existing formal diagnosis of ASD on referral. 28.9 % (n=61) had SRS scores in the severe range suggesting undiagnosed ASD. Of YP referred for ASD assessment following ADHD assessment in ADMiRE, only 14% (n=9) had received assessment.

Conclusions

This study demonstrates a high prevalence of ASD in an ADHD cohort and highlights poor access to ASD services locally. There is an urgent need for ASD-specific services in Ireland for both diagnosis and intervention. Without ASD services, it is not possible to provide optimal intervention to YP with ADHD and ASD.



Association between thyroid autoimmunity and antidepressant treatment-emergent mania in pediatric mood disorders

Abstract ID: 194

Presenting author: Dogukan Koc, Erasmus MC Department of Child and Adolescent Psychiatry/Psychology Rotterdam, THE NETHERLANDS, Dokuz Eylul University Department of Child and Adolescent Psychiatry Izmir, TURKEY

Background/Objective

Risk factors associated with antidepressant treatment-emergent mania (ATEM) are poorly characterized in child and adolescent populations. To identify better biomarkers, we aimed to explore whether thyroid autoimmunity is associated with ATEM in pediatric mood disorders.

Method

We enrolled two groups of pediatric mood disorders, those with ATEM+ (n = 29) and those with ATEM- controls (n = 31). All diagnoses were made according to structured interviews by the clinicians. Autoimmune thyroiditis (anti-thyroid peroxidase antibodies [TPO-abs] and thyroid function (thyroid-stimulating hormone [TSH] and free thyroxin [FT4]) were assessed. Logistic regression was used to explore the relationship between TPO-abs seroprevalence and ATEM+ while controlling for covariates.

Results

Group comparisons showed that the patient with ATEM+ had significantly higher seroprevalence (51.7% vs 22.6%; p= 0.019) and titer (Median(U/mL) [IQR], 63.0 [50.1-76] vs 53.3 [44.3-58] ; p=0.009) of TPO-abs compared to ATEM- controls. In logistic regression analysis adjusting for age, gender, Tanner stage, body mass index, antipsychotic treatments and smoking status, the seroprevalence of TPO-abs (>60 U/mL) was significantly associated with ATEM+ (OR = 3.67, 95% confidence interval [CI] = 1.2-11.1, p = 0.022).

Conclusions

Our findings demonstrated that seroprevalence and titer of TPO-abs in pediatric mood disorders are associated with ATEM+ status. TPO-abs could potentially serve as a biomarker when assessing the risk of ATEM in the child and adolescent population.

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Withdrawing methylphenidate in relation to serum levels of ferritin and zinc in children and adolescents with attention-deficit/hyperactivity disorder

Abstract ID: 196

Presenting author: Paul Rosenau, *Accare / UMCG Department of Child and Adolescent Psychiatry Groningen, THE NETHERLANDS*

Background/Objective

Iron and zinc have been associated with attention-deficit/hyperactivity disorder (ADHD), executive functioning, and response to methylphenidate, given their link with the dopaminergic system. This study aimed to investigate the effect of withdrawing methylphenidate after long-term treatment on serum levels of ferritin and zinc; and if pre-discontinuation serum levels of these markers moderated the effects of withdrawing methylphenidate on ADHD and oppositional defiant disorder (ODD) symptoms and working memory.

Method

Blood samples were collected from 63 children and adolescents who participated in a randomized, placebo-controlled methylphenidate discontinuation study. They were assigned to either seven weeks of continued treatment with methylphenidate or to gradual withdrawal to placebo. With mixed models for repeated measures we compared changes in ferritin and zinc serum levels between both groups, and the moderating effects of ferritin and zinc on the effects of discontinuation on ADHD and ODD symptoms, and error rate on a working memory task. We additionally explored correlations of baseline and change serum levels with respective symptom scores.

Results

Withdrawing methylphenidate led to a decrease in ferritin levels. Higher pre-discontinuation ferritin level was associated with a larger increase of teacher-rated hyperactivity-impulsivity and ODD symptoms

after withdrawal; and higher baseline zinc with a larger increase in number of errors on the working memory task after withdrawal. Serum levels did not correlate with ADHD and ODD symptom scores.

Conclusions

Withdrawing methylphenidate results in lower ferritin serum levels. Our results suggest that ferritin and zinc may be potential biomarkers for the effectiveness of long-term treatment with methylphenidate.



Adherence to clinical guidelines for dose finding and monitoring methylphenidate use: a medical record audit in child and adolescent mental health care and pediatrics settings

Abstract ID: 197

Presenting author: Paul Rosenau, Accare / UMCG Department of Child and Adolescent Psychiatry Groningen, THE NETHERLANDS

Background/Objective

Guideline adherence is important to ensure optimal and safe use of methylphenidate for children and adolescents with attention deficit hyperactivity disorder (ADHD). We investigated adherence to Dutch guidelines regarding dosing and monitoring of methylphenidate in child and adolescent mental health care and pediatric treatment settings.

Method

506 medical records of children and adolescents were selected in 2015 and 2016. We investigated adherence to the following guideline recommendations: i) at least four visits during the dose finding phase; ii) monitoring thereafter at least every six months; iii) measuring height and weight at least annually; and iv) the use of validated questionnaires to assess treatment response. Pearson's chi-squared test statistics were used to examine differences between settings.

Results

Only a small portion of patients had at least four visits during the dose finding phase (5.1% in the first four weeks to 12.4% in the first six weeks). Also, less than half of the patients (48.4%) were seen at least every six months. Height was recorded at least annually in 42.0% of patients, weight in 44.9%, and both recorded in a growth chart in 19.5%. Questionnaires to assess treatment response were only used in 2.3% of all visits. When comparing both settings, more patients in the pediatrics settings were seen every six months, although height and weight were recorded more often in the mental health care setting.

Conclusions

Overall, guideline adherence was low. Training of clinicians and adding guideline recommendations to electronic medical records templates may improve adherence.



Play Therapy as a Treatment Intervention

Abstract ID: 199

Presenting author: Dineke Bent, *University of Applied Sciences in Ede Social Work Ede, THE NETHERLANDS, Tilburg University Sociaal Werk bij de universiteit van Tilburg-Tranzo Tilburg, THE NETHERLANDS*

Background/Objective

This research into the effects of Play Therapy, which consists of three sub-studies, focuses on Play Therapy as a treatment intervention for young people with a mild intellectual disability. This presentation is about the third sub-study, a practice-oriented qualitative research, as a N=1 study for testing the program theory. The goal of this study is to get answers if the intervention carried out as intended, are the outcomes from sub-study 1 and 2 reflected in the actions of the play therapists and what are the common factors for this target group? This leads to the following research question: How does Play Therapy as an intervention bring about a behavioral change in young people with mild intellectual disability and aggression regulation problems?

Method

The data collection consists of various sources, including video recordings of the sessions, questionnaires, interviews and documents.

Results

This presentation elaborates on the data analysis of the video recordings from the play sessions. The aim of the analysis is to see which effective intervention is performed in which phase of the therapy. This research has been started to analyse the common and specific factors from the literature and the interviews of the Play Therapists. These factors are classified into the four quadrants of the Play Dimensions Model (Yasenik & Gardner, 2012). The next step is to analyze it on micro intervention level, where we look at the attitude and language that the play therapist uses to shape the therapy.

Conclusions

The research is still ongoing there are no conclusions yet.

Co-authors:

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Parenting and adolescent affect during momentary parent-adolescent interactions: Impact of adolescent depression

Abstract ID: 207

Presenting author: Loes Janssen, *Leiden University Clinical Psychology Leiden, THE NETHERLANDS*

Background/Objective

Observational and retrospective self-report studies showed that a lack of warmth and critical parenting are related to adolescent depression, but information on daily life processes is still scarce. The few available studies found that warm and supportive parenting are related to adolescent affect and that this association is stronger for adolescents with depressive symptoms, but these were based on community samples. The current study therefore aimed to 1) examine whether adolescent affect (positive and negative) and parenting (warmth and criticism) during parent-child interactions differed between families with an adolescent with a depression and healthy controls, 2) assess the within-person association between parenting behavior and affect, and 3) examine whether depression moderates this association.

Method

Ecological momentary assessment data of RE-PAIR (14 days, four surveys a day) was collected in 80 adolescents without psychopathology and 151 parents and 30 adolescents with a depression and 53 parents, with data collection ongoing (until February 2022). If adolescents and parents indicated that they spoke to each other, adolescents reported positive and negative affect and parenting (warmth and criticism) of mothers and fathers separately.

Results

Data will be analyzed using multilevel models. It is expected that 1) adolescents with a depression will report more less positive and more negative affect, and less parental warmth and more parental criticism of mothers and fathers than healthy controls, 2) perceived parenting is associated with adolescent affect during parent-adolescent interactions; and 3) depression will strengthen this association.

Conclusions

Results and implications will be presented during the conference.

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The application of EMDR integrative group treatment protocol with children in the aftermath of the Nyiragongo volcano eruption in DRC.

Abstract ID: 217

Presenting author: Elisabetta Dozio, *Action contre la Faim Mental health, Psychosocial Support & Protection Paris, FRANCE*

Background/Objective

The Nyiragongo volcano eruption that occurred in May 2021 caused the destruction of several villages and neighborhoods in the city of Goma, in the eastern Democratic Republic of Congo. A large part of the population was forced to evacuate, leaving their homes quickly in distress and fear. Children were particularly affected by this disaster and a psychological support intervention was necessary to avoid or attenuate the appearance of post-traumatic symptoms.

Method

The NGO Action contre la Faim has decided to use the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) which has been used in different parts of the world since 1998 with children after natural or man-made disasters. The group psychological support intervention was offered with four sessions on a daily basis. To measure effectiveness, the intervention was organized as a randomized controlled trial with treatment groups and wait-list/deferred treatment groups.

Results

Between July and September 2021, 246 children between the ages of 6 and 17 completed the 4-session EMDR-IGTP treatment cycle. The CPDS and CRIES-13 used to study the effects of EMDR-ITGP on emotional distress and post-traumatic symptoms in children who experienced the volcanic eruption, show the effectiveness of the EMDR protocol and treatment in comparison to the waiting list. Some cultural adaptation was necessary for the comprehension of the protocol.

Conclusions

Preliminary results from this field intervention show that EMDR-ITGP significantly reduced emotional distress and post-traumatic symptoms in children exposed to a natural disaster. This provides further evidence that this protocol is feasible and effective in humanitarian settings.

Co-authors:

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COVID-19 LOCKDOWN EFFECTS IN SPAIN: INCREASED DEPRESSION AND ANXIETY SYMPTOMS IN YOUTHS.

Abstract ID: 221

Presenting author: XAVIER ESTRADA-PRAT, *HOSPITAL SANT JOAN DE DÉU CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY DEPARTMENT BARCELONA, SPAIN, HOSPITAL SANT JOAN DE DÉU Child and Adolescent Mental Health Research Group BARCELONA, SPAIN*

Background/Objective

COVID-19 pandemic is related with multiple stressors -including control strategies such as lockdown- which may impact youth mental health.

Method

Up to 1,530 caregivers answered an online questionnaire about emotional and behavioral symptoms of 4-18 years old youths using the Pediatric Symptom Checklist (PSC). Percentage of above-the-risk-threshold PSC scores (PSC+) were compared with a baseline measure. Associations between lockdown PSC scores and selected variables were evaluated using a linear regression analysis.

Results

PSC+ significantly increased from 13% to 34.7%, from baseline to lockdown, mostly driven by depression and anxiety symptoms (65%) and 30% by hyperactivity and conduct symptoms) with doubled increased risk at childhood. Youths' and parents' positive mental health history additionally increased this risk. In children, caregivers' stress and depression symptoms were the stronger predictors of lockdown PSC scores, followed by the presence of a mental illness and the number and severity of stressors since lockdown. On the other hand, in adolescents, the best predictor of lockdown PSC scores was the coping style, although caregivers' stress and depression symptoms, number and severity of stressors, and presence of a prior psychiatric diagnosis history were also found to positively predict symptoms since lockdown. Some study limitations include inherent selection and memory biases, the information was retrieved partly retrospectively, and finally, the presented results are cross-sectional.

Conclusions

These findings suggest a significant mental health impact on children and adolescents associated with COVID-19 pandemic lockdown. Specifically, younger ages should be closely monitored.

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Enhancing Prediction of Youth Suicidal Behavior Post Hospitalization: A Longitudinal Study of the HPA, Immune and Sleep Measures

Abstract ID: 223

Presenting author: Roy Ratson, Hadassah – Hebrew University Medical Center Herman-Dana Division of Pediatric Psychiatry, Department of Psychiatry Jerusalem, ISRAEL

Background/Objective

Youth hospitalized for a suicide attempt or significant ideation are at increased risk for suicide post-discharge. Yet, it is difficult to predict who is at the highest risk for a post-discharge suicide attempt. Aiming to enhance the prediction of suicidal outcomes, we propose to examine the association between novel biological risk factors and suicidal ideation and behavior (SIB) among high-risk youth.

Method

The study sample will consist of 75 youths (ages 12-18) admitted to the inpatient psychiatric ward due to suicidal crisis. Information about past exposures to adversity and life stressors, measures of hypothalamic-pituitary-adrenal (HPA) axis function and inflammation (from blood and saliva), and sleep will be obtained to examine their role as predictors for SIB (assessed by the Columbia semi-structured interview). These parameters will be assessed at baseline, hospital discharge, and three months post-discharge.

Results

In our preliminary sample, we found that the levels of free salivary cortisol were significantly lower at baseline among the suicidal group ($n=30$) 0.3 ± 0.1 as compared with the healthy control group ($n=53$) 0.4 ± 0.2 , $t= 2.04$, $df=81$, $p=.044$. Within the suicidal group, a linear regression model showed a trend for lower cortisol predicting the intensity of suicidal ideation, explaining 10% of the variance ($R^2 = .101$; $F(1,28) = 3.15$, $p=0.087$). We have also found a significant correlation between average sleep duration and the intensity of suicidal ideation (Spearman correlation coefficient= -0.46 , $p=0.03$).

Conclusions

In our study, HPA axis and sleep measures showed significant association with SIB, suggesting their potential role as “high-risk-for-suicidality” biomarkers.

Co-authors:

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A “IT’S NEVER LUPUS” PROBLEM: Psychiatric manifestations of an autoimmune disease

Abstract ID: 224

Presenting author: *Andreea Roxana Samuila, Emergency Clinical Hospital for Children Child and Adolescent Psychiatry Clinic Cluj-Napoca, ROMANIA*

Background/Objective

Autoimmune diseases are characterized by an abnormal immune response to certain host constituents. Systemic Lupus Erythematosus (SLE) is the prototype of an autoimmune inflammatory disease (1); it affects multiple organs and systems, having an unpredictable course in a relapsing-remitting fashion (2). Childhood onset systemic lupus erythematosus (cSLE) is referred to when the symptoms appear before the age of eighteen (3). The neurological and psychiatric manifestations of SLE (NPSLE) have heterogenous clinical presentations and a complex pathogenesis, characterized either by immune/inflammatory or thrombotic/ischemic mechanisms (4).

Method

We report the case of a 15-year-old adolescent, suspected of an autoimmune disease, who was referred to a psychiatrist by her psychotherapist, for the sudden onset of disorganized speech, impaired thought process, auditory hallucinations, evocative hypomnesia, attention deficit, apathy, abulia and lack of interest for school activities; her psychiatrist recommended atypical antipsychotic (Risperidone 0.5 mg/day) and antidepressant (Fluvoxamine 25 mg/day) treatment.

Results

After five months, the patient performed an MRI scan, which showed the “salt and pepper” sign, suggestive for vasculitis. She was referred to the Pediatric Neurology department for further investigations, given the fact that one year before the onset of psychiatric symptoms she complained about persistent headache and dizziness, after a respiratory infection. The neurologic examination was normal, but the paraclinical tests were positive for dsDNA-antibodies and proteinuria on basic urinalysis.

Conclusions

Given the clinical presentation, the MRI aspect, and the laboratory findings, we suspect an autoimmune disease with psychotic manifestations (possibly cSLE), but further investigations are needed to establish its origin.

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Olanzapine in adolescent anorexia nervosa: an open observational study using therapeutic drug monitoring for quality assurance

Abstract ID: 226

Presenting author: Andreas Karwautz, Medical University Vienna Child & Adolescent Psychiatry, EDU Vienna, AUSTRIA

Background/Objective

Medication is commonly used in anorexia nervosa (AN) beside largely missing high grade evidence. Olanzapine is the substance with the richest support by literature. It is used off-label in adolescent age and the diagnosis AN showing conflicting results regarding outcome of BMI & clinical parameters. Therefore, it is important to strictly secure the quality of treatment with olanzapine in AN by using therapeutic drug monitoring (TDM) including serum levels to gain data for an evidence based intervention with this drug in this age group.

Method

We treated 65 adolescent patients with AN (aged 10-18) with olanzapine (98% females; 97.5% restricting subtype) during an in-patient stay and calculated correlations between dosage & serum levels, and reported adverse events (AE), and the efficacy regarding body-weight and clinical state. TDM according to AGNP-guidelines was performed.

Results

Dosage & dosage-serum blood level: The mean dosage of olanzapine was 8.15 (SD 2.91) mg and 0.63 (SD 0.31) mg / kg, concentration was 26.57 (SD 13.46) ng/ml. The correlation between daily dosage and serum level was 0.72 (**p<.01), between dosage / kg and serum level .649 (**p<.01). AEs: No AEs were seen in 14.3%, AEs without impairment in 79.4%, AEs with impairment in 6.3%. Clinical parameters and BMI: 75% improved clinically (CGI). BMI increased significantly (t=10.6, p<.001) from 14.61 (SD 1.6) to 16.09 (SD 1.6).

Conclusions

Olanzapine in the hands of child & adolescent psychiatrists and/or AN-specialists is a well tolerated and safe measure, showing positive effects on weight-gain and clinics of adolescents with AN.

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First results of an integrative treatment combining family and trauma treatment for children who experienced child abuse and neglect

Abstract ID: 234

Presenting author: *Mara van der Hoeven, Amsterdam UMC, location AMC Department of Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Child abuse and neglect perpetrated by a primary caregiver (CAN) is common and can leave children to end up in foster care and in need for trauma-focused interventions. However, the combination of problems these children may develop can pose unique challenges for the adherence of the foster placement and possible trauma-focused treatments. A new treatment (IATP-C) integrates family and EMDR therapy in order for the child to be able to better utilize the EMDR treatment phase that follows. The current study examines if IATP-C leads to a decline in attachment problems, PTSS, emotion regulation problems, and behavior problems.

Method

We used a multiple-baseline Single-Case Experimental Design (SCED). We conducted visual analysis and quantitative individual and group analyses.

Results

Analyses showed that seven out of eight children improved on one of more problem areas. On group level, moderate effect sizes were found for attachment, emotion regulation problems, and behavior problems. No or little effects were found for the improvement of PTSS.

Conclusions

Our results suggest that for this group of children, with a complex combination of problems and who often have had trauma treatment without desired results, improvement on several problems areas is possible.



Prospective follow up of a preventive intervention to reduce suicidality, and childhood-adversity associated cortisol – immune reactivity gene expression markers among high-risk adolescents.

Abstract ID: 235

Presenting author: Amit Shalev, Hadassah – Hebrew University Medical Center Herman-Dana Division of Pediatric Psychiatry, Department of Psychiatry Jerusalem, ISRAEL

Background/Objective

Youth Suicide rates are rising and suicide has become the second-leading cause of death among adolescents. The absence of evidence-based risk stratification and preventive intervention tools represent an unmet need. “As Safe as Possible (ASAP)” smartphone supported application(BRITE) is a research intervention showing preliminary promise to halve the risk of suicide attempts during the high-risk period of transition from inpatient to outpatient care. Childhood adversity (CA) constitutes a major suicidality risk factor, and CA-related HPA-immune endophenotypes were also associated with suicidality.

Method

We are conducting an RCT of suicidal adolescents comparing the impact of ASAP+BRITE +treatment as usual (TAU) (n=50) to TAU alone (n=50) on suicidal ideation and behavior (SIB). We will compare four CA-associated interrelated systemic HPA -immune biomarkers at baseline and discharge between suicidal youths and healthy controls. Methods: Adolescents treated for suicidality are randomized to receive TAU vs. TAU+ASAP+BRITE interventions. The main outcome measure is SIB during six months follow-up. Blood and saliva are collected from study suicidal participants and compared with controls to assess the predictive value of HPA biomarkers at the gene expression and hormonal levels.

Results

Preliminary findings from our study associate candidate biomarkers [glucocorticoid receptor (GR) NR3C1 gene, GR trans activator Kit ligand (KITLG) gene, SKA2 gene, salivary cortisol] with CA and the intensity of suicidal ideation.

Conclusions

An exploratory composite set of predictive biomarkers will be derived for validation in further study. Validated evidence-based predictive and therapeutic strategies are direly needed to reduce the risk of suicide among high-risk adolescent populations.

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NEURAL AND PSYCHOLOGICAL RESPONSES OF DEPRESSED AND NON-DEPRESSED ADOLESCENTS TO EYE CONTACT WITH THEIR PARENT, AND UNFAMILIAR PEERS AND ADULTS

Abstract ID: 237

Presenting author: Mirjam Wever, *Leiden University Clinical Psychology Leiden, THE NETHERLANDS, Leiden Institute for Brain and Cognition (LIBC) Leiden, THE NETHERLANDS*

Background/Objective

Eye contact induces positive feelings in people and signals social inclusion. The need to socially fit in tends to become normative during adolescence with their social interest re-orienting from parents to peers. However, how adolescents respond to eye contact with parents and peers has not been studied, yet. In addition, prevalence rates of major depressive disorder (MDD) are on the rise during adolescence with disrupted social functioning as a key symptom, possibly affecting how adolescents respond to eye contact.

Method

During the fMRI session of RE-PAIR, we examine neural and psychological responses of adolescents with (n=20, data collection ongoing until February 2022) and without MDD (n=63), aged between 11-17 years and both boys and girls, to pre-recorded videos including direct and averted gaze from their parent, and unfamiliar peers and adults (i.e., targets). After each video adolescents reported on their mood and feelings of connectedness.

Results

We expect that eye contact (Δ direct-averted gaze) increases adolescents' mood and feelings of connectedness, with strongest increases when looking at an unfamiliar peer and adult and the least at their parent. At the neural level, we expect differential responses in a neural network supporting social cognition, such as theory-of-mind (medial prefrontal cortex, temporoparietal junction) and salience processing (insula, anterior cingulate cortex, amygdala), with enhanced responses in this neural network to eye contact with a peer versus a parent or unfamiliar adult.

Conclusions

Lastly, we expect that depressed (versus non-depressed) adolescents show attenuated responses to eye contact, particularly in areas involving salience processing.

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Differences in treatment satisfaction between children and adolescents in inpatient psychiatry – development of an assessment instrument for children and some comparative results

Abstract ID: 238

Presenting author: Ferdinand Keller, *Ulm University Hospital Department of Child and Adolescent Psychiatry and Psychotherapy Ulm, GERMANY*

Background/Objective

Examining psychometric properties of an instrument assessing treatment satisfaction in children and evaluate potential differences to adolescent's ratings.

Method

The Broad Evaluation of Satisfaction with Treatment (BEST) questionnaires have been developed for children, adolescents, and parents (for background and psychometric properties in adolescents and parents see Keller et al, CAPMH 2021, 15:46). Psychometric analyses for the children's version (BEST-C) consisting of 20 items rated on a 5-point scale were based on 848 children from seven in-patient units across Germany. The factorial structure of BEST-C was determined by exploratory and confirmatory factor analyses and compared to factor solutions for the adolescent's version (configural invariance).

Results

BEST-C has good psychometric quality (Cronbach's alpha = .85). Exploratory factor analyses revealed two factors that were labelled as: Therapeutic relationship and environment. The same differentiation also could be found in adolescents. In both samples, confirmatory factor analyses with bifactor models revealed a strong general factor, but the two specific factors were still present. Concerning mean ratings, children were quite satisfied, e.g. the item "overall satisfied" had a mean value of 4.11 on the 5-point scale; one of the lowest ratings was "food quality" (mean = 3.63). Children rated all items higher than adolescents.

Conclusions

BEST-C can be considered as a reliable instrument for treatment satisfaction. Children differentiated between aspects of environment and relation to therapist and caregivers, as do adolescents. High mean values may reflect a higher satisfaction than in adolescents, but social desirability and a higher number of day patients might interfere.

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Trends in treatment satisfaction in German inpatient adolescent psychiatry – a 7-year panel analysis in 10 hospitals

Abstract ID: 239

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Background/Objective

Examining trends over time and effects of legislation in inpatient satisfaction in Germany.

Method

BEST-A Questionnaires (for development and psychometric quality see Keller et al, CAPMH 2021, 15:46), were collected in 2011 to 2017 in 10 different sites from n = 50-300 adolescents per site and year. Patients rated the items on a 5-point scale; high values mean high satisfaction. In addition, differences between each satisfaction item and Item 1 (overall satisfied) were computed in order to correct for site-specific conditions and changes such as renovation, leadership, treatment approach.

Results

Overall satisfaction ratings were found stable over time on a fairly high level, site specific deviations were observed. Therapeutic relationship, on average, was rated as high as overall satisfaction, as well as information on medication. All other items differed negatively. Remarkably, information on illness/problem and information on coercive measures ranged much lower than information on medication. Leave regulations on weekdays were overly disapproved, but there was a positive trend over time. Hotel quality (food, sanitary facilities, decoration, privacy) ranged worst with 1-2 points below overall satisfaction. In contrast, peer relations were rated fairly good. Most items show only slight upward trends.

Conclusions

The slight upward trends may have been influenced by procedures around legal improvements in patients` rights 2013 and control of coercive measures 2017, as by introduction of medication information leaflets 2010. The data still show a need for more participation and call for necessary renovation of facilities.

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Psychotherapy in CAP Training: The Big Picture and the Influence of the Pandemic across Europe

Abstract ID: 240

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Background/Objective

Psychotherapy is suggested as a 1st line treatment for many childhood mental health disorders. However, it is not easy to say that all European countries have a fully equipping curriculum for emerging Child and Adolescent Psychiatry (CAP) specialists in terms of Psychotherapy. The CAP Working Group of the European Federation of Psychiatric Trainees (EFPT) designed and disseminated the Psychotherapy in CAP Training Survey as a project to explore the training and practice conditions of psychotherapy among European CAP trainees and early career specialists. The aim is to identify needs in this area for CAP training and contribute to improvement in this field for CAPs.

Method

Psychotherapy in CAP survey was designed as an online survey with 39 questions in total. It was disseminated via the EFPT and other early career psychiatry networks starting from June 2020. The below topics are explored in this survey; - Demographics - Interest and knowledge about psychotherapy training - Psychotherapy training in training curriculum - Level of Psychotherapy Training - Practicing Psychotherapy - Influence of the Covid-19 pandemic

Results

Data collection for this survey is still ongoing until March 2022. The preliminary data suggests we collected data from over 40 countries.

Conclusions

EFPT Psychotherapy in CAP Training survey is the most comprehensive project so far to specifically explore the situation of psychotherapy in CAP training on a European scale. The findings will also shed light on how the Covid-19 pandemic affected the psychotherapy training and practice for CAP trainees and early career specialists.

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Service utilization during pandemic in a Community CAMHS in Northwestern Greece

Abstract ID: 241

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Background/Objective

Greek authorities announced restrictions throughout the country on 23 March 2020 due to COVID-19 pandemic. People were forced to stay indoors and reduce social interactions. Psychiatric services have had to be reorganized, to reduce contacts between patients and professionals and restrict consultations to severe cases. Literature suggests that in the first phases of pandemic, adult service utilization has declined in emergency as well as in non-acute mental health services.

Method

This study aims to explore service utilization, month by month, by using the absolute number of appointments performed in a CAMHS, one year prior and during pandemic, until December 2021.

Results

A significant reduction (33%) in appointments was observed between March 2019/February 2020 and March 2020/February 2021. The number of appointments returned to prior to pandemic levels in January and February 2021. The next period (March 2021/December 2021) appointments were significantly increased (26.1%). We observed three peaks in appointments during pandemic; June, October and November 2021 that represents the highest monthly appointment number since January 2019.

Conclusions

Pandemic has affected the provision of psychiatric care and an initial “under-referral” or reduced utilization was obvious. The “rebound” phenomenon observed at the next pandemic phases (with a tendency to increase compared to prior to pandemic) may represent a real deterioration in mental health problems. Empirically, in our CAMHS, we have observed, an increase in NSSI's, anxiety and eating disorders. It's important to regain the lost treatments and to offer families the appropriate help to deal with the aftermath of the pandemic.

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Emotional Reactivity and Family Related Factors in Adolescent Emergency Presentations with Self-Injurious Thoughts and Behaviors

Abstract ID: 243

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Background/Objective

Adolescents consulting a child and adolescent psychiatric emergency department, most frequently report suicidal ideation, suicide attempts, and non-suicidal self-injury (NSSI). In order to investigate whether impaired emotion regulation is a contributing factor to self-injurious behavior in an acute crisis, we examined the influence of emotional reactivity (ER), a component of emotion regulation, on self-injurious behavior in adolescents. Finally, we examined how a family history of self-injurious/suicidal behavior was associated with self-injurious behavior among presenting youth and evaluated possible triggers of the crisis situation given by the young people and parents for consistency.

Method

A consecutive sample of 86 adolescents 11-18 years of age visiting the emergency service for self-injurious thoughts and behaviors underwent a psychiatric pretreatment assessment. In combination with psychometric measures and structured clinical interviews, ER was assessed with the Emotion Reactivity Scale (ERS). Familial aspects were raised both, through the evaluation of family history, and by a self-questionnaire completed by guardians or parents.

Results

There was a significant effect of positive family history on suicidal ideation. The ERS sensitivity score explained a significant portion of variance in NSSI behavior. A correlation between the ERS and distinct types of self-injurious behavior reinforcement was detected. There was fair consensus between caregivers and their children in reporting reasons that trigger the current crisis related to NSSI.

Conclusions

Next to the extent of emotional reactivity, a family history of self-injurious/suicidal behavior should be assessed in early psychiatric evaluation and reasons for the crisis should be explored in both, patients and guardians.

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Shared and differential brain functional connectivity patterns in children with Autism Spectrum Disorder and their siblings

Abstract ID: 244

Presenting author: Rosa Calvo, *Hospital Clinic de Barcelona Child and Adolescent Psychiatry and Psychology Barcelona, SPAIN, August Pi i Sunyer Biomedical Research Institute (IDIBAPS) Child and adolescent psychiatry and psychology Barcelona, SPAIN*

Background/Objective

Children with Autism Spectrum Disorder (ASD) usually present increased brain functional connectivity, while adults exhibit it reduced. An altered neurodevelopment has been hypothesized to explain this switch during adolescence. Family history of ASD has been related with this dysmaturation in newborn infants, showing an intermediate functional connectivity in adolescents relative to controls and their siblings with ASD in the Default Mode Network. We aim to evaluate functional connectivity within several brain networks in children and adolescents compared to their siblings with ASD and healthy controls.

Method

Forty-five children and adolescents with high-functioning ASD, 20 of their unaffected siblings and 74 healthy controls (including 23 sibling-pairs) were recruited. An eight-minutes-resting-state functional MRI scan was acquired. Nineteen participants were excluded from further neuroimaging analyses due to excessive motion (8 ASD, 3 siblings, 8 healthy controls). Independent component analysis was performed to identify the spatial maps of brain functional networks.

Results

Children and adolescents with ASD exhibited reduced functional connectivity in regions associated to the sensory-motor network relative to their siblings ($p < .02$), without significant differences with the healthy controls; and reduced functional connectivity between sensorimotor areas and cerebellar relative to the healthy controls ($p < .04$), without significant differences with their siblings. There were no significant age differences in the functional connectivity among groups.

Conclusions

Our findings point to shared and differential brain functional connectivity patterns in children and adolescents with family-risk of ASD compared to their siblings with ASD; with potential as brain-based marker for identifying and monitoring ASD traits and diagnosis.

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EVALUATION OF THE BENEFIT FROM MILIEU THERAPY OF CHILDREN AND ADOLESCENTS WITH SELF HARM BEHAVIOR

Abstract ID: 246

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Background/Objective

This study aims to compare the benefits of milieu therapy of cases with self-harming behavior with or without suicidal attempts. Also, it is aimed to examine and compare the sociodemographic differences and psychiatric diagnoses.

Method

In this study, 64 participants consisted in the group of people with deliberate self-harm and suicide attempt and 67 participants consisted in the group of people with deliberate self-harm. Individual and familial risk assessment, Clinical Outgoing Rating Scale (HoNOSCA-TR), and Child's Global Assessment Scale (CGAS) were used.

Results

It was determined that there were more girls and high school students in the group with a suicide attempt and deliberate self-harm. Conduct disorder and schizophrenia were less in the group with a suicide attempt and deliberate self-harm; Major depressive disorder, borderline personality disorder, and alcohol substance use were found to be higher in this group. The cutting was more in the group with a suicide attempt and deliberate self-harm, while punching was found to be less in this group. The duration of deliberate self-harm was longer and the number of suicide attempts was higher in individuals with alcohol or substance abuse. It was found that HoNOSCA change was more with cutting.

Conclusions

Conclusions The changes in scale scores were found to be statistically significant; It was determined that there were differences between the groups in terms of gender, self-harm method, and alcohol substance use; It was found that there is a difference between the self-harm method and benefit from milieu therapy.

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Improvement in symptoms of selective mutism over the course of one year in the Japanese survey

Abstract ID: 247

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Background/Objective

Selective mutism (SM) is characterized by a consistent lack of speech in specific social situations. As there is still little information about improvement in symptoms of SM over time, this study followed a relatively large sample to clarify how many children with SM show improvement in symptoms over the course of one year.

Method

A total of 145 Japanese children with SM recruited online were evaluated. The subjects consisted of infants to junior high school students, with an average age of 9.1 years. Their parents filled out the questionnaire in the first year of the study and then reported on changes in their children's symptoms a year later.

Results

The results of the evaluation by the parents show that 13.8% of the children had "markedly improved," 39.3% had "slightly improved," 35.2% seemed "unchanged," 10.3% had "slightly worsened," and 1.4% had "markedly worsened." An age group comparison showed that the percentage of both markedly and slightly improved children was highest in early childhood at 81.6%, followed by lower elementary school at 39.6%, upper elementary school at 48.6%, and junior high school at 41.7%. The percentage of markedly and slightly worsened children, in contrast, was 5.36% in early childhood, 14.6% in early elementary school, 14.3% in upper elementary school, and 12.5% in junior high school.

Conclusions

These results indicate that symptoms of SM may improve even in as short a time as one year. The percentage of children with improved symptoms was higher in early childhood, but improvement was also observed at school age.

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A mindfulness program for children with ADHD: effect on nuclear symptoms, executive functions and cortisol levels.

Abstract ID: 250

Presenting author: Anna Huguet, *Sant Joan de Deu Terres de Lleida Child and Adolescent Psychiatry and Psychology Service Lleida, SPAIN*

Background/Objective

The main purpose of the study is to analyze the effect of a structured mindfulness group intervention program on ADHD symptoms, executive functions and the hypothalamic-pituitary-adrenal axis (cortisol levels) in children diagnosed with ADHD.

Method

Randomized controlled trial. Study sample composed of 116 children with ADHD between 7 and 12 years old. Variables related to ADHD symptoms, comorbidity, executive functions, hypothalamic-pituitary-adrenal axis (cortisol levels) were collected. The experimental group received 8 group mindfulness sessions, once per week, 75 minutes. The control group received standard treatment including (school reinforcement, psycho-pedagogical re-education and behavioral guidelines). Pharmacological treatment was excluded. Both groups received a post-treatment evaluation.

Results

70% were boys, mean age of 9 years. A significant decrease was observed in inattention ($F(1,110)=14.36$; $p<0.001$; $\eta^2=0.11$), hyperactivity and impulsivity ($F(1,110)=22.58$; $p<0.001$; $\eta^2=0.17$) symptoms in the mindfulness group compared to the control group. Statistically significant differences were found between both groups respect comorbid externalizing symptoms, with a greater decrease in the mindfulness group ($F(1,70)=9.27$; $p=0.003$; $\eta^2=0.12$). Regarding executive functions, the control group showed a worse performance than the mindfulness group after the intervention, but the differences were not statistically significant. A significant decrease in cortisol levels was observed in the mindfulness group after the intervention, but we did not find statistically significant differences between the two groups.

Conclusions

Mindfulness as a structured group intervention improves core symptoms of ADHD. It has a positive effect on the associated externalizing comorbid symptoms. It shows some improvements in executive functions and a decrease in cortisol levels.

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Methods and Strategies for Reducing Seclusion and Restraint in Child and Adolescent Psychiatric Inpatient Care

Abstract ID: 251

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Background/Objective

Restraints and seclusions are restrictive interventions used in psychiatric inpatient units when there is an imminent risk of harm to the patient or others. Coercive measures are controversial and can lead to negative consequences, including negative emotions, re-traumatization, injuries, or death. The article summarizes the last 10 years of literature regarding methods and strategies used for reducing seclusions and restraints in child and adolescent psychiatric inpatient units, and reports on their outcomes.

Method

The literature was reviewed by searching PubMed and PsycInfo for English-language articles published between May 2010 and May 2020. Eighteen articles were found that described methods or strategies aimed at reducing restraint or seclusion utilization in child and adolescent psychiatric inpatient units.

Results

The following interventions were evaluated: Trauma-Informed Care (TIC), Six Core Strategies, Child and Family Centered Care (CFCC), Collaborative & Proactive Solutions (CPS), Strength-Based Care, Modified Positive Behavioral Interventions and Supports (M-PBIS), Behavioral Modification Program (BMP), Autism Spectrum Disorder Care Pathway (ASD-CP), Dialectical Behavior Therapy (DBT), sensory rooms, Mindfulness-Based Stress Reduction Training (MBSR) of staff, and Milieu Nurse-Client Shift Assignments. Most of the interventions reduced the use of seclusions and/or restraints. Two child-centered and trauma-informed initiatives eliminated the use of mechanical restraints.

Conclusions

This review shows that the use of coercive measures can be reduced and should be prioritized. Successful implementation requires ongoing commitment on all levels of an organization and a

willingness to learn. To facilitate comparisons, future models should evaluate different standardized parameters.

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A therapy program assisted with dogs focusing on sleep disorders and behavioral and emotional dysregulation in children with Autism Spectrum Disorder

Abstract ID: 252

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Background/Objective

The literature estimates that autism spectrum disorders (ASD) affects 1 of 160 children around the world. Some studies suggest that approximately 60% of children with ASD show deficient emotional self-regulation and approximately 44-86% sleeping disorders. The main objective of the study was to investigate the effect of an animal assisted therapy together with cognitive behavioral therapy program on sleep disorders and behavioral and emotional regulation in children diagnosed with ASD.

Method

The current study was composed of 16 children between 7 and 10 years old diagnosed with ASD with communication level of simple sentences, mild-moderate difficulties in behavioral and emotional regulation and sleep disturbances. Assessment included ADOS-2, Bruni scale and dysregulation profile of Achenbach scale. Participants were randomized into two groups: experimental group and control group. A program of 12 sessions focusing sleep disorders and emotional and behavioral regulation was designed. A pre-post evaluation was performed.

Results

All of the participants were boys, with a mean age of 9 years old. 50% took pharmacological treatment. Regarding deficient emotional self regulation significant differences were observed after treatment in both groups ($p < 0.05$). Improvements in sleep disorders were also observed in both groups ($p < 0.05$).

Conclusions

To conclude, although it is a small sample size and a pilot study, CBT as a structured group therapy can make a difference in emotional impairments and sleep disorders in children with ASD. In addition animal assisted therapy shows positive effect.

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Adolescent subtype of borderline personality disorder: comorbidity and syndromal interrelations

Abstract ID: 256

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Background/Objective

Borderline personality disorder (BPD) is characterized by a pervasive and persistent pattern of instability and impulsivity. Whilst the label of BPD diagnosis dealing with teenagers is acknowledged in child psychiatry, accepted in DSM-5 and ICD-11 and frequently used in clinic settings, its use in the young remains controversial and some CAMH specialists still reluctant to diagnose patients with BPD. Aim to investigate the features of comorbidity and syndromal interrelations of BPD in adolescents.

Method

Clinical assessment of all adolescents, 11-17 years, average age is 16.5, admitted to inpatient clinic in 2021 and met DSM-5 (ICD-11) criteria for BPD.

Results

All observed 38 patients (36 girls) with BPD experienced comorbid disorders, 45% - complex comorbidity. Self-harm and suicidal attempts 68%; Anxiety disorders preceded clinical BPD manifestations 87%; affective disorders comorbid in 85%; bipolar affective fluctuations was 36%; Dissociative symptoms were detected in 42%, including 31% of which had symptoms that is like auditory "voices" and 11% - dissociative identity disorder; self-identification difficulties were detected in 72% including 17% the issue of gender preferences. Clinically significant improvement (short-term outcome) to the discharge reached by 77% of patients based on routine treatment modalities without using DBT.

Conclusions

BPD in adolescence is one of the most challenging issues in child psychiatry. Converging profile of clinical features, wearing as specific pattern of affective disturbances and convincing response on treatment allowed for consideration BPD in adolescence in some cases as fledged subtype contrasting with adult BPD presentation and testify in favor of dimensional approach for diagnosis of BPD.

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Sense of Coherence and its Association with Psychological Problems in Youth

Abstract ID: 258

Presenting author: Olney Rodrigues de Oliveira, *University of Szeged Doctoral School of Education Szeged, HUNGARY*

Background/Objective

Literature highlights the relevance of the association between childhood psychological well-being and sense of coherence (SOC), a strong protective factor for adult health. The type of psychiatric symptoms affect SOC distinctly. Hypothesis 1. Youth with emotional symptoms will have lower SOC than youngsters with other type of psychopathology. 2. Males will have higher SOC than females.

Method

Quantitative research in a descriptive and associational cross-sectional design. The sample was composed of 125 subjects (age: 11 to 17 years; mean: 14.5, SD 1.9 years). There were 39 males (31.2%) in the sample. Youngsters were recruited from the Child and Adolescent Psychiatric Unit of Szeged University, Hungary. SOC was measured by the Sense of Coherence Scale (SOC-13, Antonovsky, 1987), psychopathology was investigated by the Strength and Difficulties Questionnaire (SDQ, Goodman, 1997) which measures 4 problematic areas (emotional, conduct, hyperactivity and peer relations).

Results

The most frequent clinical diagnosis in the sample was emotional disorder (71.5%) and anxiety disorder (33.3%). SOC-13 and SDQ were strongly correlated (Pearson r : (-0.739, $p < 0.000$). Emotional problems showed the strongest relation to SOC-13, peer problems and hyperactivity/inattention had weaker but significant associations and conduct problems were the least correlated to SOC. Males had higher SOCS-13 scores than females. The number of psychiatric diagnosis did not affect SOC-13.

Conclusions

Conclusions and Relevance Adolescent girls with emotional symptoms are most likely to lack the protective effect of SOC without proper treatment. SOC should be taken into consideration during therapies aiming to improve psychological health in youth.

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Empathizing-alexithymic profile in patients with Anorexia Nervosa

Abstract ID: 269

Presenting author: Florina Rad, *University of Medicine and Pharmacy Carol Davila Child and Adolescent Psychiatry Bucharest, ROMANIA, Prof. Dr. Al. Obregia* Psychiatry Hospital Child and Adolescent Psychiatry Bucharest, ROMANIA

Background/Objective

Autism spectrum disorder (ASD) patients and Anorexia Nervosa (AN) patients seem to experience similar clinical traits such as social impairments, inflexibility to changing context, extremely detailed focused processing, weak central coherence, obsessive compulsive traits and difficulties in identifying, recognizing and understanding their own emotions and another's mental state. The purpose of this paper is to explore if adolescents diagnosed with AN have an empathizing-alexithymic profile similar to the one described in ASD patients with hyper-developed alexithymic traits and underdeveloped empathic abilities.

Method

34 adolescents diagnosed with AN in our clinic, were asked to fill the standardised self reports Empathy Quotient (EQ) and Online Alexithymia Questionnaire-G2 (OAQ-G2). We divided them into groups according to their score on the OAQ-G2: 113 and above - alexithymia, 95-112 - possible alexithymia. We then evaluated the groups according to the results obtained in the EQ, with the threshold score being 30 and under.

Results

We evaluated 34 patients diagnosed with AN in the Department of Child and Adolescent Psychiatry, "Prof. Dr. Alexandru Obregia" Psychiatry Hospital, from which 29% scored for alexithymia and 53% for possible alexithymia, according to the OAQ-G2. From the alexithymic group, 50% had clinically significant EQ scores, while only 17% from the possible alexithymic group scored 30 or under on EQ.

Conclusions

As predicted, we noticed a correlation between alexithymic traits and low EQ scores in patients with AN, an association typically observed in ASDs. Although we couldn't find a clear empathizing-alexithymic profile in patients with AN, we can assume they manifest as separate traits.

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Body image of the children with type 1 diabetes

Abstract ID: 270

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Background/Objective

A chronic disease with an early onset changes the development of a child and influences various aspects of the mental sphere. In some cases, students with type 1 diabetes have to miss school for considerably long periods; their schedule has to be adjusted; sometimes their appearance changes as well. This could lead to maladjustment of such children and adolescents. The research objective is studying the body image of the students with type 1 diabetes.

Method

The research methods include the following techniques: Body Image Questionnaire (Skugarevskiy, Sivukha), the Draw-a-Person Test (Machover), Magic Land of Feelings (Grabenko, Zinkevich, Frolov).

Results

The research shows that the adolescents with type 1 diabetes have more negative attitude to their bodies than their healthy peers; they demonstrate more negative emotional reactions towards the body (i.e. fear or anguish) and they estimate the size of the body and its members incorrectly. They also have a higher level of anxiety, asthenia and more fears than normally developed children.

Conclusions

These results can be used as the basis for designing psychological intervention programs for the adolescents with type 1 diabetes.

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Similarities and differences of psychodynamic components of early development in adolescents with eating disorders

Abstract ID: 275

Presenting author: Milica Vlasisavljevic, *Institute of Mental Health Department for Child and Adolescent Psychiatry Belgrade, SERBIA*

Background/Objective

Eating disorders are a heterogeneous group of disorders that can have a very serious effects on physical, mental and social functioning. The disorder affects up to 5% of the general population, with the greatest distribution during adolescence and in females. Early diagnosis and adequate therapeutic approach in these patients can prevent fatal consequences. Demonstrating the similarities and differences of psychodynamic components in adolescents with eating disorders, in order to indicate the significant influence of early development and childhood events on the etiopathogenesis and prevention of this etiologically diverse group of disorders.

Method

The sample in this study consists of 15 females, aged 11 to 18, with a diagnosis from the group of eating disorders. For the purpose of the research, Wexler's scale for intelligence assessment, NEO-PR, as well as psychodynamic interviews filled in by the mothers of the respondents were used.

Results

The data were interpreted based on a detailed analysis of tests, anamnesis of development, psychodynamic approach and assessment of family functioning. Based on the obtained preliminary results, a tabular description of psychodynamic components was made with their comparative presentation among the respondents.

Conclusions

Psychodynamic approach to diagnosis and treatment is very important in this group of patients because it leads to better understanding, prediction and individualized, etiologically targeted therapeutic approach, prevention of deepening of psychopathological phenomena.

Co-authors:

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Homocysteine, Vitamin B12, Vitamin D, Ferritin and Iron serum levels in Boys with Attention Deficit Hyperactivity Disorder

Abstract ID: 279

Presenting author: Tanja Lukovac, *Center for Speech and language Pathology Higia Logos Belgrade, SERBIA*

Background/Objective

The study's main goal was to evaluate the serum levels of homocysteine, vitamin B12, vitamin D, ferritin, and iron in Attention Deficit Hyperactivity Disorders (ADHD) in primary school boys.

Method

Biochemical parameters were measured in 133 boys (67 boys diagnosed with ADHD and 66 healthy controls). ADHD was diagnosed according to DSM V criteria. Symptom severity score in the ADHD group was evaluated by the ADHD T test. WISC-R test was used to eliminate cognitive deficits.

Results

Homocysteine, iron, and ferritin were significantly higher in ADHD boys than in healthy control group. Lower levels of vitamin D correlated with lower ADHD T test score. Vitamin D levels were low in both groups. The Multiple logistic regression model results indicate that homocysteine may represent the important biochemical parameter in ADHD.

Conclusions

Homocysteine could be an early sensitive, but not the specific nor only indicator of ADHD. Vitamin B12 deficiency should be sought for and corrected early. Correcting vitamin D levels should be a nonspecific measure in all.

Co-authors:

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Symptoms of ADHD in parents of young people with ADHD

Abstract ID: 280

Presenting author: Imran Khurshid, *Health Service Executive (HSE) Ireland HSE ADMiRE Clinic Linn Dara Dublin, IRELAND*

Background/Objective

Attention Deficit Hyperactivity Disorder (ADHD) is a highly heritable neurodevelopmental disorder, with prevalence estimates of approximately 5% in children and 2.5% in adults. ADHD prevalence may be much higher in parents of children with ADHD, with one study estimating 40% prevalence (Starck et al, 2016), though there is a striking lack of research in this area. The aim of this study is to investigate presence of ADHD symptoms in parents of children attending ADMiRE, a specialist ADHD service.

Method

Parents who had previously consented to research contact in ADMiRE were invited to participate in an online/paper survey, consisting of a validated screening questionnaire for ADHD (WURS-25), questions about mental health and medication status.

Results

24 parents of YP attending ADMiRE completed the questionnaire. Of the parent respondents, 29.16% (n=7) scored above the WURS-25 cut-off of 46. No parents had an existing diagnosis of ADHD, however

50% (n=12) respondents reported that they (or their friends/family) suspected they had symptoms of ADHD. 33.33%(n=8) of parents reported a comorbid mental health condition. Of this 33.33%,50%reported diagnosis of depression and anxiety, 25% depression only,25% anxiety only and 12.5 reported comorbid depression, anxiety and substance misuse.4.1% reported current psychotropic medication use.

Conclusions

This study suggests a high presence of undiagnosed adult ADHD in parents of YP with ADHD. Untreated parental ADHD symptoms are likely to negatively impact on the outcome of interventions for the YP. Further research is required to establish the prevalence of adults ADHD in parents of YP with ADHD.

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Covid-19 Pandemic Impact On Trends In Referrals In A Child And Adolescent Psychiatry Outpatient Service In Northern Portugal

Abstract ID: 283

Presenting author: Rui Sampaio, *Centro Hospitalar do Tâmega e Sousa Serviço de Psiquiatria da Infância e da Adolescência Porto, PORTUGAL*

Background/Objective

The Covid-19 pandemic has had a negative impact on child and adolescent mental health around the world. Lockdown measures to contain the spread of Sars-Cov-2 have made access to healthcare services more difficult. Our goal was to analyze trends in the number of referrals to our outpatient service in pre and post pandemic periods.

Method

Analysis of the number of referrals to a child and adolescent outpatient service in northern Portugal between 1st January 2019 and 31st December 2021.

Results

There were 1196 referrals in the pre-pandemic year of 2019, followed by a 33% reduction to 802 referrals in 2020. In 2021 the number of referrals rose 98%, totaling 1587 referrals, a number 33% higher than pre-pandemic levels. The three months after the first national lockdown (April to June 2020) had the lowest number of referrals of the three-year period, with a monthly average of just 32 referrals, while the monthly average of the studied period was of 100 referrals.

Conclusions

We observed a stark reduction in the number of referrals in 2020, particularly in the months following

the first national lockdown, which implies difficulties in access to care. This was followed by a marked increase in the number of referrals in 2021, suggesting a combination of delayed access to care and an increase in psychopathology. Further monitoring of the trends in referrals will reveal whether the increase observed in 2021 is merely a compensation of delayed access in 2020 or a more sustained phenomenon.

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Developmental trajectories of autistic behaviors in the adolescent population related to educational outcomes: Avon Longitudinal Study of Parents and Children

Abstract ID: 285

Presenting author: Anne Smit, *Accare Child Study Center Groningen, THE NETHERLANDS, University Medical Center Groningen Department of Child and Adolescent Psychiatry Groningen, THE NETHERLANDS*

Background/Objective

To further understand the risk of suboptimal educational outcomes that has been reported among adolescents with autistic behaviors, we investigated the link between developmental trajectories of autistic behaviors and educational outcomes in the adolescent population.

Method

We built a latent class growth model with Social and Communication Disorders Checklist (SCDC) data at age 7, 10, 13, and 16 years from the Avon Longitudinal Study of Parents and Children. We related class membership to educational outcomes at age 19.

Results

We identified 19 classes with different developmental trajectories. Three classes showed autistic behavior scores above the clinical cut-off: Consistently high (3%) at all ages, improving (4%) only at 7 and 10 years, and adolescent-onset (4%) at 10, 13, and 16 years. Controlling for sex, verbal IQ, and SES, the consistently high and adolescent-onset classes were less often in fulltime education or employment and the consistently high class had lower educational qualifications with many adolescents having no qualification, all compared to the aggregated non-autistic group. Educational outcomes of the improving class were in between the other two autistic and the non-autistic group.

Conclusions

Higher autistic behavior scores were related to more suboptimal outcomes, as was especially visible in the consistently high class. The adolescent-onset class showed suboptimal outcomes too, even though their autistic behaviors did not reach clinical levels at all ages. The heterogeneous developmental patterns, with their own consequences, warrant a person-centered and developmental approach for future research and interventions.

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Attachment disorder researched on clinical population of adolescents

Abstract ID: 290

Presenting author: Olivera Aleksic Hil, *Institute of Mental Health Department for Child and Adolescent Psychiatry Belgrade, SERBIA*

Background/Objective

Based on attachment theory it is assumable that the individuals who do not have a secure attachment style towards their primer caregiver will show different emotional and behavior problems in adolescence. In this paper, we will analyze the presence and some of the consequences of different attachment styles among patients age from 12 to 18 years who were diagnosed with different mental disorders.

Method

To question our first hypothesis that the attachment styles are transgenerationally transmissible in the mother-child dyad, we used the IPPA inventory with was given to patients age from 12 to 18 years and their mothers. The second question that was assessed in our research was the prevalence of different diagnoses among our patients without a safe attachment style.

Results

Our analysis confirmed a positive correlation between the attachment styles of patients and their mothers, which is evidence that supports the first hypothesis. In addition to the results that revealed that mothers and their daughters have the same attachment styles, we found anxiety and mixed behavioral and emotional disorder to be the most prevalent.

Conclusions

Implications for future research would be to make a more detailed comparison between attachment styles of mothers and their daughters in the clinical population and to compare those results with the ones from a normal population that would include more family members. It is our opinion that this subject is extremely important for the potential education of parents about the importance of the development of a safe attachment style within their children.

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Up to one third of the children with Attention Deficit with Hyperactivity Disorder (ADHD) may have an isolated and increased free-T3

Abstract ID: 291

Presenting author: Hervé CACI, *Hôpitaux Pédiatriques de Nice CHU Lenval Pediatrics Nice, FRANCE*

Background/Objective

Thyroid hormones are involved in the development of the foetus and the child, and abnormal thyroid function is expected to play a role in neurodevelopmental disorders such as Attention Deficit with Hyperactivity Disorder (ADHD). The high prevalence of ADHD in patients with Thyroid Resistance Syndrome is well documented but, surprisingly, the literature search we will report elsewhere showed ambiguous results mostly suggesting that the thyroid function tests are normal in the majority of patients with ADHD. Additionally, we could pinpoint a number of methodological and analytical limits in the thyroid evaluation of patients of these studies.

Method

Serum free-T3, free-T4 and TSH levels were measured in children referred to the first author (HC) in the last two decades and diagnosed with ADHD. No control was possible on the analytic methods as thyroid function tests were performed in town laboratories.

Results

701 children with ADHD (562 boys) between 6 and 18 years old had complete thyroid function tests. Out of the 685 TSH-normal children, 435 (63.50%) had a normal thyroid profile, and 217 (31.68%) — 180 boys (32.67%) and 37 girls (27.61%) — showed an isolated and increased free-T3. There was no effect of gender.

Conclusions

In children with ADHD, an isolated and increased free-T3 level may be frequent. The on-going prospective “ThyrADHD” study (NCT05080491) is aimed at documenting this finding. This abnormal thyroid profile may constitute an endophenotype and yield to new pathophysiological hypotheses in the neurodevelopment disorder.



Implementing a Multifamily treatment in a Day Care Hospital For Adolescents

Abstract ID: 292

Presenting author: Victor Ribes Carreño, *Fundació Orienta Day Care Hospital for Adolescents Hospitalet de Llobregat (Barcelona), SPAIN*

Background/Objective

Several studies in children and adolescents appear to support the value and benefits of intensive community services as alternatives to inpatient hospitalization . The lack of inpatient treatments can be a challenge to address crisis situations with adolescents in mental health centers. There has been an increased incidence of adolescent suicide over the past several decades . After COVID-19 crisis there have been observed an augmentation of suicide ideation and attempts in adolescents . At the same time, there has been an increase in waiting lists of catalan public mental health system. Multifamily treatments in day care units are being carried out recently . In addition there are other effective adolescent treatments like DBT-A that include multifamily groups. Implementation of a program in a day care Hospital for adolescents, with high accessibility and multifamily groups will be explained.

Method

Description of a multidisciplinary program that includes psychoeducational adolescent groups combined with multifamily psychodynamic groups in a day care hospital. Indirect effects as emergency consultations or changes in psychopharmacological treatments will be shown. The program will also be analyzed with an ad hoc questionnaire.

Results

Limitations and benefits of this program will be explained. Other benefits on a Day Care Hospital team will be exposed.

Conclusions

Multifamily treatments can be useful to contain an increased demand in day Care Hospitals for adolescents.



How the presence of a chronic health disorder affects the relationship between siblings

Abstract ID: 300

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Background/Objective

The sibling relationship, the longest relationship that most people have throughout their life, has a strong impact on the psycho-somatic development of siblings. Siblings of children suffering from a chronic condition are considered "population at risk for psychological difficulties". Objective: Characterization of sibling relationship in families with a child diagnosed with a chronic somatic disorder versus families with a child diagnosed with a mental disorder

Method

The Sibling Inventory of Behavior (SIB) was used to measure the quality of the sibling relationship in two groups. The test group was made up of 50 families, in which one of the children was diagnosed with a chronic mental illness in the Pediatric Psychiatry Clinic at "Dr. Alexandru Obregia" Clinical Psychiatry Hospital in Bucharest. The control group consisted of 50 families, in which one of the children was diagnosed with a chronic somatic condition in the Pediatrics Clinics I, II and III of the Fundeni Clinical Institute.

Results

For the areas Companionship/Involvement, Empathy/Concern and Teach/Directiveness measured with SIB, the control group scored higher. For the Conflict/Aggression, Avoidance, and Rivalry domains measured with SIB, there were no statistically significant differences between the two groups.

Conclusions

Our results show that siblings of children diagnosed with chronic somatic pathology have a higher degree of involvement in their siblings' life, are more empathetic, and they try to teach their affected siblings new things, more than the siblings of children diagnosed with a psychiatric condition do. Thus, we underline the importance of a whole family focused therapeutic approach in such cases.

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Perfectionism, Personality and Children Psychopathology: An intergenerational transmission? A Study of a clinical sample of Italian children and their parents.

Abstract ID: 302

Presenting author: *Melania Martucci, Sapienza University of Rome Child Neuropsychiatry Roma, ITALY*

Background/Objective

Perfectionism is considered a “transdiagnostic” risk in the development of psychopathology in children. Several connections with parental demands and perfectionism have been demonstrated, although, evidence on its associations with parents and children’s personality of subjects presenting internalized (ID) and externalized disorders (ED) is limited. Hence, this work examined perfectionism and personality of a sample of ID and ED patients and their parents, also evaluating the intergenerational transmission of perfectionism.

Method

58 children with ID (n = 39; 53.84% males; Mage=11±1.57) and with ED (n=19; 73.68% males; Mage = 10.84±1.86) and their parents (52.42% females; Mage = 46.36±4.93) were recruited. Parental and children assessment included the Multidimensional Perfectionism Scale (MPS-S), the Big Factor Inventory, the Child Adolescent Perfectionism Scale (CAPS-14) and the Hierarchical Personality Inventory for Children. A comparison between ID and ED mean scores was computed. The association of the parents’ personality and perfectionism with children’ s perfectionism dimensions was evaluated through a hierarchical regression analysis.

Results

Higher Irritability and Persistence in ED children (referred by ED group mothers) and higher Obedience in ID children (referred by ID group fathers) were observed. Mothers’ socially prescribed perfectionism (MPS-SPP), Agreeableness, Conscientiousness, and Openness uniquely predicted children’s self-oriented perfectionism (CAPS-SOP). Fathers’ Agreeableness, Conscientiousness and MPS-SPP predicted children’s CAPS-SPP, although this last effect was only marginally significant.

Conclusions

Mothers, the principal childcare providers in Italy, seem to influence perfectionism of children stronger than fathers. The CAPS subscales predicted by the parent dimensions involved relevant aspects in childhood, namely social pressures and self-criticism.

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Impact of COVID-19 Vaccine Curriculum on High School Students

Abstract ID: 304

Presenting author: Mark Solinski, *Loyola University Chicago Stritch School of Medicine Department of Psychiatry Maywood, UNITED STATES*

Background/Objective

Hesitancy to receive the COVID-19 vaccine has proven to be a barrier to vaccinating the entire population. Concerns about the safety of the COVID-19 vaccine were amplified by a lack of information which lead to misinformation filling in the gaps. Providing high school students with a program focused on the pandemic and its widespread effects would allow students to ask questions and receive accurate information about the pandemic and vaccine.

Method

Students from a local high school were invited to participate in a virtual afterschool program led by medical students which focused on explaining the biology of COVID-19, current vaccines, and the widespread public health effects of the pandemic. Students participated in six small group sessions over the course of three months. Students were asked to fill out a survey before and after the program asking about their understanding of the COVID-19 virus, its vaccine, and public health issues around the pandemic.

Results

86 sophomore and junior students signed up to participate in the program. Students who participated in the program reported a greater understanding of the COVID-19 virus and its vaccine. Students also reported their interest in a healthcare career has increased since the pandemic started.

Conclusions

Providing students with an educational curriculum focused on the COVID-19 pandemic increased their understanding of the biologic effects of the virus as well as the consequences on public health. Preliminary data and student feedback show that the virtual curriculum was effective at teaching students about the pandemic and engaged students' interests in healthcare careers.

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Audit of assessment and diagnostic outcomes for adolescent females referred for an assessment of Autism Spectrum Condition

Abstract ID: 306

Presenting author: Aleksandra Szczap, *Tavistock and Portman NHS Foundation Trust Children, Young Adults and Families Directorate London, UNITED KINGDOM*

Background/Objective

Autism Spectrum Condition in females may be underdiagnosed, due to differences in the clinical presentation in this group. In particular, young women may 'camouflage' their autistic symptoms, using strategies such as masking, compensation, and assimilation (Cook et al. 2021). We undertook an audit of cases of adolescent females referred to our specialist diagnostic service, to explore the female phenotype, mental health comorbidity, and the relationship between performance on diagnostic tools such as the 3di and ADOS-2 and diagnostic outcome.

Method

We reviewed the case notes of 15 adolescent females who were referred to our specialist diagnostic clinic. We collected data including parental responses to the 3di interview and Social Responsiveness Scale 2 questionnaire, the ADOS 2 individual assessment of social communication, and the QCAT self-report questionnaire which measures the degree of 'camouflaging'. We also recorded overall diagnostic outcomes and identification of mental health comorbidity.

Results

Results indicate that the young women referred frequently scored below the threshold for Autism Spectrum Condition on the ADOS 2, whilst parental report indicated significant social communication difficulties across development. High levels of self-reported camouflaging were present, which were related to mental health comorbidity, in particular social anxiety.

Conclusions

Existing standardized assessments of individual social communication such as the ADOS 2 may not be sensitive to the presentation of Autism Spectrum Condition in females. Specific adaptations to the assessment process may therefore be needed to ensure an accurate diagnosis. This is important in guiding appropriate support, given the high levels of mental health comorbidity in this group.

Co-authors:

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ADHD children with and without EEG abnormalities and the maintenance on methylphenidate treatment

Abstract ID: 313

Presenting author: Dobrinko Socanski, Østfold Hospital Trust . Department of Child and Adolescent Psychiatry Fredrikstad, NORWAY

Background/Objective

Electroencephalographic (EEG) abnormalities occur often in children with attention-deficit/hyperactivity disorder (ADHD). We investigated whether the occurrence of EEG abnormalities at the ADHD assessment influenced the use of methylphenidate (MPH) for ADHD.

Method

Subjects were 517 children (82.4% male), aged between 5 and 14 years who were diagnosed with ADHD and collected prospectively over six-year period. EEG findings were coded as either with or without EEG abnormalities. We compared age, sex, initial positive response to MPH treatment and the maintenance on MPH at one and two years in cases with and without EEG abnormalities. EEG abnormalities were also subdivided into two groups: cases with epileptiform EEG abnormalities group and cases with non epileptiform (non specific) EEG abnormalities

Results

The non specific EEG abnormalities were found in 262 (51.3%) cases, significantly higher than expected in healthy children. The cases with EEG abnormalities were more often girls (59.1% vs. 48.8%). The epileptiform EEG was found in 39 (7.5%), 12 of them had previous history of epilepsy. Initial positive response to MPH was similar (82% vs. 79%) as the use of MPH at one year and two years follow-up. No statistical differences were found between the groups with respect to age, gender or the use of MPH respectively.

Conclusions

The EEG abnormalities occur more often in ADHD children than in healthy children. Children with and without EEG abnormalities did not differ with respect to the initial positive response to MPH, and the maintenance on MPH at one year and two years follow-up.

Co-authors:

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Metaphor in the Lighthouse Parenting Program as a bridge between a parent's childhood and understanding their own child. What benefits and risks to the mentalization process do we need to be aware of when leading MBT group?"

Abstract ID: 314

Presenting author: Anna Szczepaniak, NGO The Empowering Children Foundation Warsaw, POLAND

Background/Objective

"Anyone who talks about things that cannot be touched, or seen, or heard must inevitably speak as if those things could be touched, seen or heard (according to Clive Lewins)." Metaphor can be helpful in creating a pathway for unspoken, difficult content, for example, to express relational trauma. However, it can also be a catalyst for patient projection and pose a risk to the therapeutic alliance.

Method

The purpose of my presentation is to highlight the power and depth of a metaphor. As with any power, we must use it consciously and thoughtfully. The use of metaphors has many benefits. We can increase reflective function, stimulate mentalizing skills. However, we must remember that when we use a

metaphor, we are "opening the door" to the patient's mind and we never know what experiences will be awakened.

Results

How to treat misunderstandings as an opportunity to develop mentalizing skills? How do we break through the "fog" of ambiguity and vagueness inherent in the metaphors?

Conclusions

In my presentation, I would like to share clinical therapeutic case examples from the use of The Lighthouse MBT program for a group of parents.



Treatment-Resistant Anorexia Nervosa in children and adolescents. A naturalistic, case-control study

Abstract ID: 316

Presenting author: Jacopo Pruccoli, *University of Bologna Dipartimento di Scienze Mediche e Chirurgiche Bologna, ITALY, IRCCS Istituto delle Scienze Neurologiche di Bologna Regional Center for Feeding and Eating Disorders in developmental age, Child Neurology and Psychiatry Unit Bologna, ITALY*

Background/Objective

A few studies have assessed the clinical characteristics of adults with treatment-resistant Anorexia Nervosa (TR-AN). To date, no study has addressed the features of TR-AN in children and adolescents. This study aims to describe the clinical and psychopathological variables distinguishing TR-AN individuals from good outcome AN subjects (controls) in developmental age, in a multidisciplinary hospital setting.

Method

Naturalistic, case-control study, conducted on individuals with TR-AN and good-outcomes AN controls. TR-AN was defined as two more incomplete admissions and no complete admissions, consistently with studies in adults. Good outcome was defined as maintaining a %BMI >70% without bingeing/purging at the 6-month follow-up. Admission psychopathological (Eating Disorders Inventory-3; Beck Depression Inventory-II), clinical, and treatment variables were compared. Significant differences in the univariate analyses were included in an exploratory binary logistic regression.

Results

seventy-six patients (30 TR-AN, 46 good-outcome AN; mean age: 14.9 (+/-1.9) years) were enrolled. TR-AN individuals had a significantly higher age at admission, a higher EDI-3 Eating Disorder Risk (EDRC) score, were treated less frequently with a nasogastric tube (NGT), and obtained a lower BMI improvement at discharge, when compared to good-outcome AN controls. A predictive model for TR-AN status was found at the logistic regression ($X^2=19.116$; Nagelkerke- $R^2=0.478$, $p<0.001$), and age at admission (OR=0.460, $p=0.019$), EDI-3 EDRC (OR=0.938, $p=0.043$), and NGT (OR=8.003, $p=0.019$) were significantly associated with a TR-AN status.

Conclusions

This study reports for the first time the psychopathological and clinical characteristics of a group of adolescents with TR-AN. Further studies should focus on TR-AN features in young individuals.

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Design and implementation of a partial hospitalization (PH) program for children and adolescents with autism spectrum disorder (ASD).

Abstract ID: 317

Presenting author: Marcela Mezzatesta Gava, *Sant Joan de Deu Hospital Mental Health Department Barcelona, SPAIN*

Background/Objective

ASD is a complex neurodevelopmental disorder. Intellectual disability occurs in about 33-46.1% of cases (Bougeard et al., 2021). Besides, almost 50%-70% present comorbidities with mental health problems or behavioral disorders (Hervás, 2018), and in 25-50% of cases, comorbidities are multiple (McGonigle et al., 2014). Within these comorbidities, there are profiles with significant emotional and behavioral dysregulation, conditioning a marked difficulty for them to achieve a functional adaptation to their usual environments (school and home) (Hartley, Sikora, & McCoy, 2008). The Behavior Problems and Emotional Regulation Program in children and adolescents with ASD in the context of Partial Hospitalization at Sant Joan de Deu Hospital is a new program at a state level, born in November 2017. The program welcomes patients with ASD who present an acute functional deterioration and a torpid evolution with previous interventions. The clinical objectives with patients and families are to stabilize and recover the level of functional adjustment prior to admission; as well as empowering parents and teachers in the acquisition of strategies to manage behavior problems.

Method

The program is designed and applied in evidence-based practices, in an interdisciplinary way, seeking an effective and efficient implementation according to the context, resource and characteristics of the patients and families.

Results

Design and implementation of the program will be discussed. Descriptive data on case profiles, as well as quantitative results from intervention will be provided.

Conclusions

Interdisciplinary, intensive, ecological, individually and systemic tailored intervention programs for children and adolescents with ASD and acute functional interference might be an innovative alternative to recover previous adjustment and to prevent hospitalizations.

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Low-dose olanzapine in the treatment of individuals with Anorexia Nervosa in developmental age. An observational, naturalistic, case-control study.

Abstract ID: 318

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Background/Objective

Although recent articles have investigated the use of low-dose olanzapine in different psychiatric conditions, only one study so far has assessed this treatment in Anorexia Nervosa (AN).

Method

Observational, naturalistic, case-control study, aimed at reporting the use and tolerability of low-dose olanzapine in the context of a multidisciplinary hospital intervention for children and adolescents with AN. Three groups with AN were compared: group 1 treated with low-dose olanzapine (≤ 5 mg/day), group 2 with full-dose olanzapine (> 5 mg/day), and group 3 controls without antipsychotics. Psychopathology was assessed at admission (T0) and discharge (T1) with Eating Disorders Inventory-3 Eating disorders risk (EDI-3-EDRC), Body Uneasiness Test global severity index (BUT-GSI), Beck's depression inventory-II (BDI-II), and Self-administered Psychiatric Scales for Children and Adolescents, Depression subtest (SAFA-D). Possible clinical and treatment differences among the 3 groups, were screened. Potential differences of T0-T1 modifications in psychopathological variables among the 3 groups were assessed with ANCOVAs, corrected for baseline psychopathology and confounders.

Results

one hundred-eighteen patients were enrolled (F=94.1%; mean age=15.4 \pm 1.7 years), including 52 controls, 37 treated with low-dose olanzapine, and 29 with full-dose olanzapine. Low-dose olanzapine was well tolerated. The multidisciplinary intervention resulted in an improvement of BUT-GSI ($p < 0.001$), BDI-II ($p < 0.001$), and SAFA-D ($p < 0.001$) for the entire sample. Individuals treated with full-dose

olanzapine experienced a significantly lower improvement in depressive measures than the other groups.

Conclusions

this study provides information on the use and tolerability of low-dose olanzapine in children and adolescents with AN. These results should be assessed in wider and prospective samples.

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Acculturative stress and immigrant generations in a group of children and adolescents with Feeding and Eating Disorders

Abstract ID: 319

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Background/Objective

Acculturative stress is an alteration of health status (medical, mental, social) during adaptation to a new culture. Previous research highlighted the relationship between acculturative stress and Eating Disorders (ED), but studies in the Italian socio-medical context are missing.

Method

We report a prospective study enrolling first-generation (patients born abroad, FGI) and second-generation (patients born in Italy from a foreign parent, SGI) children and adolescent immigrants with ED. We assessed acculturative stress with the developmentally-specific questionnaires Social, Attitudinal, Familial, and Environmental Acculturation Stress-Scale (SAFE) (>12 years and parents) and Acculturative Stress Inventory for Children (ASIC) (8-12 years). ED symptoms, treatment intensity (hospitalizations, emergency accesses, nasogastric tube feeding, NGT), and outcomes (ED symptoms and BMI at 3 months follow-up). Potential relationships between migration status (FGI, SGI), acculturative stress, and clinical, treatment, and outcome variables were evaluated with linear regressions and ANCOVA.

Results

Fifty patients were analyzed (F=68%; FGI=54%, SGI=46%; 13.3±3.0 years). No significant differences emerged between FGI and SGI on treatment intensity and outcomes. High acculturative stress (SAFE-Attitudinal) was positively correlated with high treatment intensity (hospitalization frequency, $p=0,033$;

emergency accesses, $p=0,029$; duration of hospitalizations, $p=0,018$). Significant differences in interfamily comparisons were detected: parents reported greater acculturative stress than their children do (SAFE Total: $p<0.001$). No significant outcome differences emerged.

Conclusions

FGI vs SGI comparisons did not evidence significant differences in treatment intensity and outcomes. High acculturative stress correlated with treatment intensity, and intra-familial discrepancies on acculturative stress were detected. Future studies should evaluate the effect of acculturative stress on ED-specific psychopathology in different contexts.

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Impact of Presentations to Primary Care on Referrals to CAMHS during COVID19.

Abstract ID: 321

Presenting author: Claire Kehoe, HSE CAMHS Donegal, IRELAND

Background/Objective

Healthcare utilisation had decreased during COVID19. In 2020 in Ireland, fewer presentations to General Practices (-75%) (GP) also included a marked reduction for Under 6s (-92%), although benefiting from free GP visits. This study explores the impact of healthcare use on referrals to three Child and Adolescent Mental Health Services (CAMHS) in Donegal

Method

CAMHS referrals were collected in 2019, 2020 and 2021. Anonymised data was compared before and during the pandemic using SPSS 24.0. Ethical exemption was sought from the Ethics Committee.

Results

About half were boys (44%, 795, median age 11) with 29% (230) hyperkinetic issues. Under 6 years (8%, 149) were mostly boys (71%, 106) with 56% (83) hyperkinetic issues. In 2019 and 2021, referral distribution showed two peaks in March/April and October, also observed in the Under 6s. In 2020, most pandemic months were depleted, with no Under 6s referrals in March/April or October. Most referrals

arose from primary care (74%, 1330), with a 7% decrease in 2020 - 45% fewer Under 6s (28 vs 51), and 61% fewer hyperkinesia. 2021 referrals augmented by 47%, with 150% more Under 6s (70 vs 28) and a 370% rise for hyperkinesia (47 vs 10). Primary care and Under 6s referrals were linked by a strong positive correlation (Pearson's $R=0.902$).

Conclusions

Referrals to CAMHS decreased in 2020, especially for the Under 6s. The strong correlation between Under 6s and primary care referrals, suggests that primary care presentations have a major effect on CAMHS referrals. Further studies might include matching primary care data.

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Self-harm and suicidality in gender-nonconforming youth: analysis of an inpatient sample with severe psychopathology

Abstract ID: 322

Presenting author: Ilaria Secci, *University of Turin Department of Public Health and Pediatric Sciences, Section of Child and Adolescent Neuropsychiatry Turin, ITALY*

Background/Objective

Growing data show that gender-nonconforming (GNC) youth, compared to their cisgender peers, show higher rates of mental health problems, suicidality and non-suicidal self-injury. The present study aims at evaluating the temporal trend of hospitalization of transgender youth under 18 years old in a child and adolescent psychiatry inpatient unit, and at examining whether GNC youth differ from cisgender psychiatric inpatients as to reason for hospitalization, psychopathology, suicidality and self-harm behaviors.

Method

A systematic retrospective chart review was performed collecting data from 661 youths hospitalized between January 2016 and June 2021. Data were collected on gender identity, reason for hospitalization, suicidal ideation, previous or actual suicide attempts, lethality and potential lethality, assessed with the Columbia-Suicide Severity Rating Scale (C-SSRS), self-harm behaviors and psychopathology, assessed with the Youth Self Report (YSR) and Child Behavior Checklist (CBCL).

Results

Temporal trend showed an increased prevalence of GNC youth among inpatients since 2020, with suicidality as the leading cause of hospitalization. Suicidal ideations and self-harm behaviors were more prevalent in GNC than in cisgender youth, with the highest rates observed in non-binary youth and transgender males. No statistical differences were observed regarding the rate of suicidal attempts and lethality of attempts. GNC youth also showed significantly higher scores at internalizing, externalizing and total problem scales of the YSR compared to cisgender peers, as well as a higher YSR-Dysregulation Profile Index.

Conclusions

Further research is needed to better understand the factors and mechanisms underlying suicidality in transgender youth and to improve earlier detection and intervention.

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Mental Health Symptoms in Isotretinoin-Treated Adolescents

Abstract ID: 325

Presenting author: Keith Miller, *Mayo Clinic Psychiatry and Psychology Rochester, MN, UNITED STATES*

Background/Objective

Despite concern for psychiatric sequelae during isotretinoin treatment, there are no controlled or observational studies investigating their incidence in adolescents. Clarifying the relationship between isotretinoin, new psychiatric diagnoses, and sub-diagnostic psychiatric problems will guide its prescription to adolescents.

Method

The Rochester Epidemiology Project was searched to identify patients aged 12-18 prescribed isotretinoin over a 10-year period (01/01/2008 - 12/31/2017). Records were reviewed to capture psychiatric diagnoses before, during, and after isotretinoin therapy, psychiatric symptoms not captured by formal diagnoses, or changes to isotretinoin because of psychiatric concerns.

Results

606 patients were prescribed isotretinoin during the study period. 144 (23.8%) had a psychiatric diagnosis prior to isotretinoin initiation, with 6 receiving psychiatric consultation to approve its use. The number of new psychiatric diagnoses made on isotretinoin was not significantly impacted by psychiatric history (5.6% vs. 3.5%, $X^2=1.26$, $p=0.26$). Patients with a psychiatric history experienced more sub-diagnostic psychiatric problems (primarily low mood, mood swings) while taking isotretinoin (30% vs. 8.6%; $X^2=46.46$, $p<0.005$), though isotretinoin was equally as likely to be stopped in both groups (27%

vs. 25%; $X^2=0.03$, $p=0.85$). Isotretinoin was more likely to be stopped if patients received a new psychiatric diagnosis during treatment ($X^2=4.24$, $p=0.039$).

Conclusions

New psychiatric diagnoses on isotretinoin are rare, though do prompt its discontinuation. Patients with a history of psychiatric illness were more likely than those without to have psychiatric symptoms during isotretinoin treatment. Adolescents with a psychiatric history may continue to benefit from close monitoring when treated with isotretinoin.

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Before and After Hematopoietic Stem Cell Transplantation in Thalassemia: How are the Psychiatric Status and Life Quality of These Patients?

Abstract ID: 327

Presenting author: Merve Cikili-Uytun, Ankara University Child and Adolescent Psychiatry Ankara, TURKEY

Background/Objective

Aim: We aimed to evaluate the psychiatric symptoms in addition quality of life in children, adolescents and adults with thalassemia major patients before and after the hematopoietic stem cell transplantation (HSCT) to determine their psychiatric problems.

Method

A total of 28 children and adults with thalassemia and 15 children and adults at least 48 months after HSCT were included. Kiddie-Schedule for Affective Disorders and Schizophrenia, present and life time version (K-SADS-PL) or Structured Clinical Interview for DSM Disorders was applied to parents. Sociodemographic questionnaire, Child Depression Inventory (CDI) or Beck Depression Inventory, The Spielberger State-Trait Anxiety Inventory (STAI) or Beck Anxiety Inventory and Pierre Harris Self Concept Scale was used for children and adolescents in both groups. Beck Depression Inventory (BDI), Beck anxiety inventory (BAI) and The Quality of life scale for children or WHO- Quality of Life Scale were used for children, their parents' or adult patients in both groups.

Results

The study results demonstrated that there is no significant differences between groups according to

psychiatric disorders. The QoL scores and Pierre Harris self-concept scores were found higher in HCST group

Conclusions

Psychiatric factors should not be ignored in the treatment and follow-up of children and adults with thalassemia. Psychiatric disorders could be seen before and after in thalassemia patients.

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Patterns of visual exploration during a joint attention paradigm in children with Autism Spectrum Disorders

Abstract ID: 330

Presenting author: Stefania Solazzo, *University of Geneva Faculty of Medicine Geneva, SWITZERLAND*

Background/Objective

Joint attention (JA), a key-behavior to develop socio-communicative skills, is typically impaired in children with Autism Spectrum Disorders (ASD). As one of the most consistent symptoms of ASD, reduced JA is often a target for early intervention. Current measures of JA mostly rely on clinical judgment and manual count of JA behaviors. Such measures are thus time consuming and error-prone.

Method

We propose a naturalistic eye-tracking task, and evaluate its potential to automate the quantification of JA behaviors in children with ASD. We used a 50-second video of a female examiner followed by a male examiner activating and responding to a mechanical toy in front of them. We presented the task to 104 children with ASD and 24 typically developing (TD) children between 12 and 48 months old. For each child, we measured the time spent looking at the examiners faces and the mechanical toys as well as the shifts between these areas, as a measure of JA. We also assessed the ASD symptoms and the developmental and adaptive skills of the whole sample.

Results

Preliminary results show that children with ASD look less at the examiners faces than their TD peers. Moreover, longer fixation time on the faces area is moderately associated with lower ASD symptoms and higher communication skills in children with ASD.

Conclusions

As attention to faces is related to language and social abilities in children with ASD, we plan to further explore the visual patterns of JA and their association with the clinical profile of children with ASD.

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The added value of Virtual Reality to Parent-Child Interaction Therapy

Abstract ID: 334

Presenting author: Iza Scherpbier, *Amsterdam UMC Child and Adolescent Psychiatry Amsterdam, THE NETHERLANDS*

Background/Objective

Parent-Child Interaction Therapy (PCIT) is an evidence-based behaviour parent training treatment aimed at young children with behavioural problems and their parents. PCIT aims at improving the quality of parent-child relationships and changing parent-child interaction patterns. PCIT is divided into two phases. The first phase focuses on strengthening the parent-child relationship, increasing positive parenting skills, and creating a foundation for children to regulate behaviour and emotions. In the second phase, parents are taught to set consistent boundaries for their children, whilst still practicing with positive parenting skills. In the current study, Virtual Reality (VR) is added to help parents augment positive parenting skills taught throughout the treatment, by practicing the skills virtually at home.

Method

We are conducting a multiple baseline Single-Case Experimental Design (SCED) with 15 families to measure the effectiveness of PCIT-VR through visual analysis and quantitative individual and group analyses, as well as qualitatively. All families receive VR-modules, at randomly assigned moments in first phase of treatment.

Results

Data collection is ongoing until 2023. Thus far, parents respond positively to the use of VR and seem to implement it specially to practice before a session or when their child is not in their presence. Preliminary results for the first quantitative individual analyses will be presented.

Conclusions

The addition of VR is currently being evaluated to innovatively improve the effectiveness of PCIT, with the purpose of allowing parents to practice their learnt skills more in the comfort of their own home. The addition of VR to PCIT is promising and well applicable.



Cognitive behavioural group therapy as addition to psychoeducation and pharmacological treatment for adolescents with ADHD – A randomised controlled trial

Abstract ID: 336

Presenting author: Anne-Lise Haugan, NTNU Department of child and adolescent psychiatry Trondheim, NORWAY

Background/Objective

Cognitive behavioural therapy (CBT) is recommended for attention-deficit/hyperactivity-disorder (ADHD) in adolescents; however, the evidence to support CBT for this patient group is scarce. This study examines the efficacy of group CBT as follow-up treatment compared to no additional CBT in adolescents with persistent and impairing ADHD symptoms after a short psychoeducational intervention and medical treatment.

Method

We conducted a randomized controlled trial in two child and adolescent mental health outpatient clinics. One hundred ADHD patients, 14–18 years were randomized to either a 12-week group CBT program (N=50) or a non-CBT control condition (N=50). Assessments were made at admission to the clinic, two weeks before and two weeks after treatment. The primary outcomes were parent-, teacher- and self-ratings of ADHD symptoms (ADHD Rating Scale IV), the secondary outcomes were ratings of ADHD symptom severity, executive function, functional impairment, and emotional problems. Blinded evaluators rated ADHD symptom severity with the Clinical Global Impression Scale for Severity (CGI-S) at baseline and post-treatment.

Results

ADHD symptoms improved from baseline to post-treatment in both parent-, self-, and teacher-ratings. However, analyses using mixed-effects models showed no significant difference between the treatment arms. The post-treatment evaluation of symptom severity, functional impairment and psychiatric comorbidity revealed no major improvement from baseline measures.

Conclusions

Contrary to our hypothesis, we found no incremental treatment effect on the part of group CBT as follow-up to psychoeducation and pharmacological treatment on ADHD symptoms and accompanying impairments. Limitations with the CBT was the large number and low dosage of treatment components, causing restricted time for practice.



Neuropsychiatric patients admitted to an Italian paediatric care hospital in two years of COVID-19 pandemic: sociodemographic and clinical characteristics

Abstract ID: 340

Presenting author: Michela Gatta, *Università di Padova Dip. Salute Donna Bambino Padova, ITALY*

Background/Objective

COVID-19 pandemic related events have been part of an already growing epidemiological trend regarding children's psychiatric disorders, leading to a worsening of the situation. This research aims to study patients admitted to a north Italian Neuropsychiatric University-Hospital Unit in the two COVID-19 pandemic years, comparing them with patients hospitalised immediately before, according to sociodemographic and clinical variables.

Method

Patients 0-17 years old hospitalised due to neuropsychiatric problems from February 2018 to March 2022 are being recruited. Data is being statistically [descriptive analysis, T-test, Chi square test, Fischer exact test] analysed by comparing those of pre Covid group (February 2018-February 2020) with those hospitalised during the Covid period (March 2020-March 2022).

Results

Preliminary data analysed until now regarding the comparison between the first year of Covid-19 pandemic (March 2020-March 2021) and the previous year (February 2019-February 2020), shows that while risk factors associated with mental health disorders were similar between the two years, differences were found about clinical and hospitalisation's variables. The hospitalisation modality showed a decrease in scheduled hospitalisations compared to urgent ones, and there was a conspicuous increase in eating disorders. More suicidal and self-harming behaviours occurred in the Covid group too, compared to the previous year. Changes in applied therapies also occurred. There were alarming data about hospitalisation relapses, which increased from 12.2% to 35%.

Conclusions

Data from this research could shed light on clinical and policy issues in developmental age's mental health. This is particularly important since COVID-19 emergency is not over yet, and its effects will be long-term.

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Journey towards an interdisciplinary and integrative care in a large German center of Child and Youth welfare

Abstract ID: 349

Presenting author: Juliane Medda, *Projekt PETRA Center of children and youth welfare Schlüchtern, GERMANY*

Background/Objective

In 2020, approximately 1 Million children in Germany received help from the welfare system. These children are especially prone to developing psychiatric disorders with prevalence rates up to 60%. However, studies have shown that only some of the children in the welfare system receive adequate continuous psychiatric care. This has an impact on both society as a whole and for the individual. Our goal was to evaluate the care situation in our facilities and – based on the outcome – develop strategies to improve the identification of children in need of psychiatric care.

Method

During 2020 data about ongoing psychiatric treatment were examined in N=28 facilities, all run by a single child welfare provider.

Results

Overall, N=969 children were cared for in N=28 facilities. N=215 (22.1%) children received psychiatric treatment, with percentages by type of setting being 26.6% for residential care, 11.6% for foster homes, 39.2% for semi-residential settings, 17.2% for low-threshold support measures, and 41.3% in case of children attending a special-need school.

Conclusions

In our large sample of children, the relative number of children in psychiatric treatment by subgroup ranges from 11.6% to 39.2%. Based on data from recent studies there appears to be a gap in our facilities between the estimated and actual number of children receiving psychiatric care. In an effort to close this gap and improve care for the children in our facilities we developed an interdisciplinary and integrative diagnostic approach for all teams, drawing expertise from various disciplines including educational sciences, psychology and child-psychiatry.

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Response Compliance and Participant Retention in Ambulatory Assessment Designs in Children and Adolescents: A Meta-analysis Update

Abstract ID: 355

Presenting author: Konstantin Drexler, *Lausanne University Hospital (CHUV) Division of Child and Adolescent Psychiatry Lausanne, SWITZERLAND*

Background/Objective

Ambulatory assessment methods are increasingly employed in child-and adolescent psychiatry to study

the temporal dynamics and contextual factors of mental health. Such intensive longitudinal designs require careful planning guided by research on feasibility, but a prior meta-analysis on studies involving minors published through 2016 could only examine limited sets of design parameters associated with response compliance. The present systematic review and meta-analysis attempts to address the constant diversification of ambulatory designs through an updated and fine-grained examination of sample and design characteristics influencing response compliance, as well as retention across clinical and nonclinical studies.

Method

Ambulatory designs in children and adolescents (≤ 18 years old) using technology-assisted assessments in real-life settings will be included without restriction on publication year. Information on sample (e.g., clinical status), design characteristics (e.g., duration of protocol), assessment targets (e.g. symptoms), analytical decisions (e.g., definitions of insufficient compliance), and results of attrition analyses will be extracted from selected studies for narrative and quantitative synthesis. Random-effects meta-regressive models will examine these study characteristics as moderators of compliance and retention, where applicable. Interactions between moderators and diagnostic groups will be explored. Reporting bias will be assessed based on reporting guidelines for ambulatory studies.

Results

The results of this meta-analytic work will illustrate how sample and methodological characteristics relate to response compliance and participant retention. The material presented will focus on the progress of this work.

Conclusions

Findings will inform researchers developing ambulatory assessment studies with regard to the expected study acceptability and data quality.

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Quality of life and psychiatric problems in children and adolescents

Abstract ID: 356

Presenting author: Enikő Kiss, *University of Szeged Child Psychiatry Szeged, HUNGARY*

Background/Objective

Self-reported subjective quality of life (QoL) in children and adolescents offers important information about the well-being of the youngsters. Psychiatric problems decrease QoL of children and adolescents but different symptoms might have differing effects. The aim of the present study was to investigate

which symptom groups would have the most effect on QoL. Hypotheses: Male children have the highest QoL while female adolescents have the lowest QoL. All psychiatric symptom groups lower QoL but emotional problems have the most negative effect.

Method

The sample included 397 youngsters (43.3% children), 31.5% were recruited from child psychiatric in- and outpatients, 68.5% came from schools. Mean age was 14.4+2.1 years. QoL was measured by the Invertar Lebensqualität Kindern und Jugendlichen (ILK), psychiatric symptoms by the Strength and Difficulties Questionnaire (SDQ).

Results

Males had significantly higher QoL than females (21.1+3.9 vs 18.7+5.3, $p<0.00$). Children had higher QoL than adolescents (20.6+4.4 vs 18.5+5.2, $p<0.00$). Emotional problems and peer relation difficulties showed the strongest negative correlation to QoL while hyperactivity/inattention and conduct problems had a weaker but still significant relation. Psychiatric problems, being in psychiatric treatment, age and sex together predicted 62% of the variability in QoL ($F(4, 278)=113.5, p<0.00$).

Conclusions

Quality of life decreases as the age of the children increases. There is a strong association between psychiatric problems and subjective quality of life. Female adolescents who are most vulnerable to emotional problems should be followed more closely to monitor their subjective quality of life as an indicator of their well-being .

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Understanding the benefits of a “Family class” on the quality of life and behavioural problems of “highly disruptive” pupils

Abstract ID: 362

Presenting author: Andrea Gragnani, *Centre Hospitalier Intercommunal Créteil 94000 Créteil, FRANCE*

Background/Objective

“Highly disruptive” pupils present acute and frequent behavioural problems in a classroom environment. The school system faces specific difficulties in dealing with these individuals and several attempts have been made to support teachers and families in helping their pupils and children.

Method

Multifamily and multi-systemic approaches have shown to be of particular value in managing children's conduct disorders. The “Family class” is an eight-week multifamily program - involving pupils, their parents and teachers and therapists in a classroom setting - designed to foster parent-teacher, parent-parent as well as parent-child collaboration. A first “Family class” program, inspired by the Marlborough Family Service of London, was launched in France in 2019 and is described in an article presently in

press. A second experience was carried out in an elementary school in the Greater Paris area in 2020. The “Family class” program has been adapted with respect to its first version and scales and questionnaires (CBCL, PedsQL and SDQ) have been used to monitor the changes observed in the perceptions of the six pupils involved, their parents and teachers on the pupils’ quality of life and behavioural problems.

Results

This presentation will describe the structure of the revised program and the expected benefits associated with the different activities proposed during the “Family class”. It will also share the measures collected before and after the program execution.

Conclusions

Based on these observed results, it will be possible to draw preliminary conclusions on the benefits of such programs and to suggest avenues of potential improvement in child psychiatry.

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Worsening of symptoms in ADHD children and adolescents as a result of increased parental stress before, during and after Covid-19.

Abstract ID: 367

Presenting author: Rozela Tarazhi, *Xhavit Gjata Child and Adolescent Psychiatry Tirana, ALBANIA*

Background/Objective

Being an ADHD child’s parent is sometimes a stressful job that became more challenging during the COVID-19 pandemic and its negative consequences. Parenting stress may impact children via a number of pathways, including poor monitoring of children’s activities and whereabouts, and increased use of corporal punishment and controlling rather than supportive parenting strategies.

Method

The literature review was performed by searching the following electronic databases (for all available years from 2005-2021): PubMed, PubMed Central, Springer Open, Hindawi, Google Scholar. Selection criteria: Studies focusing on parental stress in families with children with a clinical diagnosis

of ADHD made by a specialist. The research was organized in chronological order by selecting published studies in the period before and during the pandemic.

Results

Increased parenting stress is associated with numerous negative outcomes for children with ADHD and their parents, including: the worsening of a child's ADHD symptoms, reduced response to intervention, reduced quality of the parent-child relationship and decreased parental psychological well-being. Isolation, contact restrictions and economic shutdown impose a complete change to the psychosocial environment in affected countries.

Conclusions

The pandemic has had psychological influences on parents with ADHD. A significant number of them may have had depression, anxiety, and stress symptoms that affected their children's compliance with the medication and, consequently worsened their symptomatology. Society can be exposed to chronic stressors like Covid 19 anytime soon, so the main focus must be identifying needs to inform future interventions designed to support parents and ultimately their children.



Executive Functions Mediate the Association between ADHD Symptoms and Anxiety in a Clinical Adolescent Population

Abstract ID: 370

Presenting author: Anne-Lise Haugan, *NTNU Department of child and adolescent psychiatry Trondheim, NORWAY*

Background/Objective

Attention-deficit/hyperactivity disorder (ADHD) is associated with a high prevalence of anxiety disorders in children and adolescents. The reasons for this association are poorly understood. We investigated the possible mediating role of executive functions and functional impairment in this relationship.

Method

One hundred adolescents with ADHD and their parents completed the ADHD Rating Scale IV (ADHD-RS IV), the Behavior Rating Inventory of Executive Functions (BRIEF), and the Weiss Functional Impairment Rating Scale (WFIRS). The adolescents also completed the Screen for Child Anxiety-Related Emotional Disorders (SCARED). Analyses were conducted using correlations, regression, and a serial multiple mediator model.

Results

ADHD symptoms alone did not predict anxiety. Executive dysfunction mediated this relationship as expected (coefficient = 0.466, confidence interval (CI) 0.013 to 1.024), and functional impairment mediated this relationship indirectly through executive functions (coefficient = 0.501, CI 0.203 to 0.889).

Conclusions

The results highlight executive functions as an important target when treating adolescents with ADHD and anxiety.



New Media: Effects of Social Media, Internet Addiction and Pornography on Adolescents' lives

Abstract ID: 373

Presenting author: Amélie Galladé, Youth Parliament of the Canton of Zurich Zurich Zurich, SWITZERLAND

Background/Objective

We are members of the official youth parliament of Zurich, the largest of its kind in Switzerland. We have analyzed and discussed different papers in an internal commission to address the most pressing problems of our generation regarding mental health problems in the context of new media usage. Our poster and our presentation cover similar topics to attain a greater audience with our inputs.

Method

We have analyzed the following four scientific papers and processed the most concerning points into a coherent poster, outlining problems and possible solutions.

Results

(Noroozi et al. 2021. DOI: 10.1155/2021/2556679) We should start dealing with internet addiction as a major health threat and therefore health education and intervention should be prioritized. (Alexandraki et al. 2018. DOI: 10.1556/2006.7.2018.34) The dealing of adolescents' social environment with online pornography has a significant impact on their risk of internet addiction. (Andrie et al. 2021. DOI: 10.3390/children8100925) Besides the negative effects of adolescents' exposure to online pornography (e.g. higher scores on the scale of externalizing problems), there also seems to be a link with higher social competencies. (Vuong et al. 2021. DOI: 10.3390/ijerph182413222) As hypothesized, there seems to be a correlation between exposure to body ideals and internalizing them. New media forms should be seen as part of the problem and prevention mechanisms should be implemented.

Conclusions

The findings of our researched papers show the need for further dialogue about adolescents' internet consumption and prevention of addiction to new media.

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Child maltreatment and psychiatric disorders in an Italian sample of adolescent inpatients and outpatients

Abstract ID: 374

Presenting author: Elena Arigliani, *La Sapienza, University of Rome Neuroscience and Mental Health Rome, ITALY*

Background/Objective

Child maltreatment has been accounted as the most relevant preventable cause of psychiatric morbidity. The enduring effect of an early experience of abuse has a detrimental impact on child development and can influence diagnosis and treatment within psychiatric care. We aimed to assess child maltreatment frequency among adolescent inpatients and outpatients of an Italian psychiatric centre, to determine sociodemographic risk factors and correlations between the experience of abuse and clinical course.

Method

We conducted a retrospective study through chart reviews; exposure to any form of child maltreatment was deduced either from official reports or from subjective patients' reports (documented through clinical interviews transcripts or answers to questionnaires). Comparisons between exposed and non-exposed patients and a logistic regression analysis were performed.

Results

We included 172 patients; 32% of the sample reported at least one form of child abuse. Maltreated children presented a significantly higher frequency of admission as inpatients, a higher need for pharmacological therapy, higher levels of anxiety and depression. Divorce, psychiatric conditions or substance abuse in the family were more common among maltreated children. They increased the odds for abuse up to 16 folds.

Conclusions

Child maltreatment is very frequent, especially among psychiatric patients. Exposure to child maltreatment can cause more severe clinical courses of psychiatric diseases. Family characteristics can be identified as risk factors. Psychiatrists are called to embrace secondary prevention strategies and to consider maltreatment as a key event in the anamnestic record of each patient.

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DOES EXPOSURE TO GENERAL ANESTHESIA HAVE ADVERSE EFFECTS ON ADHD TREATMENT EFFICIENCY?

Abstract ID: 379

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Background/Objective

This study aimed to examine whether exposure to general anesthesia has impairing effects on the pharmacological treatment efficiency of Attention-Deficit/ Hyperactivity Disorder (ADHD) and to compare inattention (IN), hyperactivity/impulsivity (HI), oppositional defiant disorder (ODD), and conduct disorder (CD) symptoms between those with and without general anesthesia exposure (GAE).

Method

106 children with ADHD, aged 7 to 12, were treated with ADHD medication and followed up for 3 months. Both at the beginning and at the end of the follow-up, parents completed DSM-IV Disruptive Behavior Disorders Rating Scale. Information about the children's GAE status, how many times, and at what age they received general anesthesia was obtained from the parents.

Results

Within two periods, GAE status, the age of GAE, and the number of GAE were detected to have no significant effect on the decreases in any dimensional symptom count (IN, HI, ODD and CD) (all $p > 0,05$). However, the symptom counts of HI were found to be significantly higher in children with GAE, with multiple exposures to general anesthesia, and below 3 years of age than in those without GAE (all $p < 0,006$).

Conclusions

Neither exposure to general anesthesia itself, exposures at earlier ages nor multiple exposures do not seem to attenuate ADHD pharmacological treatment response. Besides, GAE before age 3 and multiple exposures might increase especially the severity of HI symptoms. Although this study did not present a relationship between exposure to general anesthesia and worse ADHD treatment response, these preliminary findings should be replicated by future studies.

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Stress, Eating Behavior and Adverse Health in Parents of a Young Child with Autism Spectrum Disorder

Abstract ID: 383

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Background/Objective

Parents of children with ASD report considerable higher levels of stress than parents of neurotypical children, which may contribute to stress associated problems like eating behavior and adverse health. Previous studies mainly focused on stress in mothers of children with ASD. Less is known about fathers. We investigated whether (1) there are differences between parents of a child with ASD and the general population regarding stress, eating behavior and adverse health, (2) parenting stress is related to eating behavior and adverse health.

Method

Parenting stress (Parenting Stress Questionnaire: OBVL), Eating Behavior (Dutch Eating Inventory: NVE), and adverse health (BMI, waist circumference, blood pressure, cholesterol, triglycerides and glucose) were measured in 91 parents of 3-7 year old children with ASD and compared to the general population.

Results

Mothers of children with ASD experience clinical levels of parenting stress five times more often than mothers of typically developing children. Mother's prevalence rates of obesity (39.1%), abdominal obesity (59.6%) and metabolic syndrome (21.6%) were respectively 2.7, 1.6, and 2.6 times higher. There were no differences between fathers and the general population. Parenting stress was significantly related to emotional eating ($r = .53$) and eating in response to external cues ($r = .47$) in mothers, but not in fathers.

Conclusions

Mothers of a young child with ASD show more parenting stress and adverse health than females from the general population, with higher rates of (abdominal) obesity and metabolic syndrome. It is crucial to be alert to these problems, to prevent more severe health problems later in life.

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Affective and Neural Responses to Parental Praise and Criticism in Depressed Adolescents: Influences of Self-Views and Parental Perceptions

Abstract ID: 384

Presenting author: Lisanne van Houtum, *Leiden University Clinical Psychology Leiden, THE NETHERLANDS*

Background/Objective

The parent-adolescent relationship has previously been identified as crucial factor relevant to the development of adolescent depression. Social feedback from parents, such as praise and criticism, is important for the formation of adolescents' self-concept. As (self-)negativity bias and low self-esteem are central to depression, aberrant emotional and neural reactivity to parental praise and criticism may play an important role in adolescent depression. This study investigates affective and neural responses to parental praise and criticism in depressed vs. healthy adolescents and whether these responses are impacted by consistency of feedback with adolescents' self-views and their parents' view about them.

Method

During the fMRI-session of RE-PAIR, depressed adolescents (n=20, data collection on-going until February 2022) and healthy controls (n=63; 40 girls, 23 boys; Mage=16.2 years) received pre-programmed social feedback supposedly provided by their parent in the form of personality characteristics. After each feedback word, adolescents reported on their mood. In advance, both adolescents and parents had rated whether feedback words matched their (self-)views of the child.

Results

Affective and neural findings will be presented.

Conclusions

We hypothesize that depressed vs. healthy adolescents show blunted mood responses to parental positive feedback, as well as aberrant activity in networks supporting social cognition and self-evaluation. For negative feedback, we explore whether depressed adolescents show blunted or potentiated negative mood and activity in regions related to saliency (i.e., anterior insula, anterior cingulate cortex), and expect aberrant activity in socio-cognitive related networks. Lastly, we explore whether adolescents' self-views and parents' general view of the child moderate affective and neural responses.

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Preterm birth, poor fetal growth and anxiety disorders in children and adolescents

Abstract ID: 387

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Background/Objective

Previous studies have presented contradictory findings regarding the associations between gestational age (GA), weight for gestational age (WGA) and anxiety disorders. No previous register studies have examined the impact of comorbidities. This register-based study examined these associations in a large nationwide birth cohort of children and adolescents.

Method

A nested case-control sample of 22,181 anxiety disorder cases and 74,726 controls was used. Three national registers were linked through personal identification codes to provide data on the exposures, confounders and outcomes. GA and WGA were examined as categorical and continuous variables. Confounders included parental age and psychopathology, parity, Apgar score, urbanicity, maternal smoking, marital, socio-economic and immigrant status. Conditional logistic regression was used to examine the associations between GA, WGA and anxiety disorders.

Results

In the categorical models GA <32 weeks (adjusted OR 1.39, 95% CI 1.11 to 1.75), GA 32 - 36 weeks (aOR 1.13, 95% CI 1.03 to 1.23), WGA <-2SD (aOR 1.29, 95% CI 1.17 to 1.42) and WGA -2SD to -1SD (aOR 1.08, 95% CI 1.03 to 1.14) were associated with an increased risk for anxiety disorders. The associations were linear in the continuous models ($p < 0.001$ for both). When comorbidities were considered, the associations became statistically insignificant for pure anxiety disorders, but remained significant in the groups with comorbid depressive or neurodevelopmental disorders.

Conclusions

The associations between GA, WGA and anxiety disorders seem to be explained by the conditions of comorbid depressive and neurodevelopmental disorders but the impact of the comorbidities remains unclear.

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Longitudinal monitoring of internalizing and externalizing psychopathology symptoms in epidemiological and help-seeking subjects: trajectories characterization through an unsupervised cluster analysis

Abstract ID: 390

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Background/Objective

Although several researches addressed longitudinal trajectories of psychopathology, most studies focused on categorical diagnoses/general symptoms severity courses through time. We aimed at identifying specific clusters of subjects presenting symptom trajectories in internalizing/ externalizing areas.

Method

85 subjects from the general population (42% males) and 64 help-seeking individuals (64% males) from Northern Italy were evaluated at three time points (T): pre-adolescence (T0: 11±2 y); adolescence (T1: 16±2 y); young adulthood (T2: 26±4 y). Psychopathological symptoms scores were measured through ASEBA questionnaires at the three T. A Multivariate Finite Mixture Model (MFMM) was estimated, respectively, on Internalizing, Externalizing at the three T.

Results

Through the MFMM, both Internalizing and Externalizing scores resulted in overall stability over time (Figure 1). However, internalizing subscales showed homogeneous variations over time. Specifically, the Anxious-Depressed scale showed specific trajectories in three clusters, Withdrawn-Depressed in four and Somatic in five ones (Figure 2). 12% of the subjects belonged to clusters presenting mean clinical symptoms of anxiety, depression and somatic problems at all three T. Another 11% of the participants belonged to clusters presenting mean clinical symptoms of anxiety and depression at T0; at T1, they still showed mean clinical symptoms of anxiety but not of depression and somatic problems. At T2, all symptoms were present at a mean clinical level. The MFMM did not highlight any cluster in the externalizing subscales.

Conclusions

Our preliminary data suggest an overall stability of Internalizing and Externalizing symptoms from childhood to adulthood. However, we found specific internalizing manifestations trajectories.

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Daydreaming and psychopathology: prevalence and correlational patterns in a community sample of adolescents

Abstract ID: 391

Presenting author: *Giulia Conte, Sapienza University of Rome Human Neuroscience, Child and Adolescent Neuropsychiatry Institute Rome, ITALY*

Background/Objective

Daydreaming is a cognitive phenomenon characterised by the redirection of attention from the external world to inner representations and imagery. Although serving several adaptive functions, excessive daydreaming has been related to emotional problems and poor psychosocial adjustment. During adolescence, this phenomenon has been scarcely explored as potential psychopathological correlate. This study aims to explore daydreaming frequency and association with psychopathological traits in a non-referred population.

Method

251 adolescents from a community sample participated in the study. Daydreaming was assessed through the Daydreaming Frequency Scale (DDFS). Participants also filled in the Youth Self-Report (YSR) and Strength and Difficulties Questionnaire (SDQ) to evaluate psychopathological problems and adaptive functioning.

Results

Excessive daydreaming was present in 12.7% of participants. Adolescents with higher daydreaming frequency reported significantly higher depressive, obsessive-compulsive and post-traumatic stress symptoms than peers with infrequent daydreaming. Symptom severity was positively correlated to the DDFS. Higher daydreaming was also associated to more frequent emotional symptoms, conduct problems and total difficulties.

Conclusions

Daydreaming adolescents are more prone to depressive, obsessive-compulsive and trauma-related stress symptoms. We suggest that processes such as dissociative absorption, distress down-regulation and negative thought amplification might mediate these associations. Daydreaming may represent a

silent psychopathological index and deserves better recognition and evaluation in mental health initiatives for adolescents.

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" Metaphor in the Lighthouse Parenting Program as a bridge between a parent's childhood and understanding their own child. What benefits and risks to the mentalization process do we need to be aware of when leading MBT group?"

Abstract ID: 395

Presenting author: Anna Szczepaniak , NGO THE EMPOWERING CHILDREN FOUNDATION Warsaw, POLAND

Background/Objective

"Anyone who talks about things that cannot be touched, or seen, or heard must inevitably speak as if those things could be touched, seen or heard (according to Clive Lewins)." Metaphor can be helpful in creating a pathway for unspoken, difficult content, for example, to express relational trauma. However, it can also be a catalyst for patient projection and pose a risk to the therapeutic alliance.

Method

The purpose of my presentation is to highlight the power and depth of a metaphor. As with any power, we must use it consciously and thoughtfully. The use of metaphors has many benefits. We can increase reflective function, stimulate mentalizing skills. However, we must remember that when we use a metaphor, we are "opening the door" to the patient's mind and we never know what experiences will be awakened.

Results

How to treat misunderstandings as an opportunity to develop mentalizing skills? How do we break through the "fog" of ambiguity and vagueness inherent in the metaphors?

Conclusions

In my presentation, I would like to share clinical therapeutic case examples from the use of The Lighthouse program for a group of parents.



Telehealth assessment for Autism Spectrum Disorder diagnosis

Abstract ID: 397

Presenting author: Aude DE GAULMYN, *Hôpital Sainte-Anne GHU Paris Psychiatrie & Neurosciences/DRCI CREDAT Paris, FRANCE, Université de Paris LPPS F-92100 Boulogne-Billancourt, FRANCE*

Background/Objective

Receiving a diagnosis of autism spectrum disorder (ASD) is a priority for early interventions focusing on cognitive, adaptive functioning, and symptoms, but diagnosis access has recently been limited due to COVID-19. Diagnostic Golden Standard, the Autism Diagnostic Observation Schedule (ADOS-2), is not appropriate according to its author (Lord, C. & al, 2021) when wearing face masks or via telehealth as it requires a specific social-communicative context. Thus, the Brief Observation Schedule of Autism (BOSA) provides a social context with standardized activities observed through telehealth and coded by clinicians trained with ADOS-2 and DSM-5 criteria. The aim of this study is to measure the concordance scores between in person and telehealth diagnosis of ASD for children aged 24 months to 5 years. The objective is to determine the validity, sensitivity, specificity of ASD assessment using telehealth.

Method

The estimated sample size is 152 children ($\alpha=0.05$; $1-\text{Beta}=0.90$) to be recruited at the Paris Centre de Recherche Et Diagnostic Autisme et Trouble apparenté (CREDAT) for assessment both in person and telehealth to show a level of concordance between diagnoses $\geq 90\%$ (Cohen's Kappa).

Results

The analysis focuses on the percentage of diagnosis precision between in person and telehealth. In this communication, only the preliminary data with descriptive statistics are produced and data for the first inclusions.

Conclusions

Telehealth-administered assessment for autism seems a flexible option to determine if a full diagnosis assessment is required and improve prompt access to appropriate care for early intervention. It values access to ASD assessment services.

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Differential white matter involvement in drug-naïve children with Tourette syndrome and obsessive-compulsive disorder

Abstract ID: 400

Presenting author: Giulia Conte, *Sapienza University of Rome Human Neuroscience Department Rome, ITALY*

Background/Objective

Tourette syndrome (TS) and early-onset obsessive-compulsive disorder (OCD) are frequent comorbid conditions. Little is known on the relationship between the two disorders in terms of early-stage white matter development and organisation. We aimed at investigating white matter microstructure in drug-naïve patients with TS, OCD and TS+OCD, to shed light on primary pathophysiological changes and compare white matter involvement across clinical groups.

Method

By means of diffusion tensor imaging (DTI) analysis, white matter microstructure from children with pure TS (N=16), TS+OCD (N=14), OCD (N=10) and 11 age-matched controls was analysed in five tracts of interest, i.e., cortico-spinal tract (CST), anterior thalamic radiations (ATR), inferior longitudinal fasciculus (ILF), corpus callosum (CC), and cingulum. DTI changes were correlated to symptom severity assessed through the Yale Global Tic Severity Scale and Children's Yale-Brown Obsessive-Compulsive Scale

Results

TS and TS+OCD exhibited shared DTI changes, i.e., increased fractional anisotropy (FA) within CST, ATR, ILF and CC. FA was negatively correlated to tic severity. Within the same tracts, OCD showed decreased FA in respect to controls, with negative correlation to obsessive-compulsive symptoms.

Conclusions

Our study highlights differential white matter involvement in TS/TS+OCD as opposed to OCD. The shared DTI changes in TS and TS+OCD point to the conceptualisation of TS+OCD as a peculiar subtype of TS. Findings in TS may be regarded as neuroadaptive changes in response to tic pathophysiology, while in OCD they may derive from delay or damage to white matter development, but confirmation of these possibilities awaits longitudinal studies.

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Giftedness, neurodevelopmental and psychopathological disorders in a sample of children referred to a Child Neurology and Psychiatry Center: A retrospective study.

Abstract ID: 402

Presenting author: *Miriam Arico, Sapienza Child Neurology and Psychiatry Rome, ITALY*

Background/Objective

Our study aims to offer an overview of the clinical impact of high ability, giftedness and twice-exceptionality on children evaluated for suspected specific learning disability and ADHD at a Child Neuropsychiatry Clinic in Rome, focusing on the cognitive profile of our sample.

Method

The initial sample included 456 school-aged children with suspected specific learning disability and/or ADHD. The inclusion criteria were: (1) a General Ability Index score above 120 in the cognitive assessment; (2) age between 6 and 18 years; and (3) not satisfying diagnostic criteria for autism spectrum disorder. Forty children were selected for the study. Over a two-year interval, patients and their parents underwent a diagnostic assessment through neuropsychological tests and rating scales.

Results

We grouped patients according to the final diagnosis: specific learning disability (n=12), ADHD (n=4), psychopathological disorder (n=9), mixed specific learning disability and psychopathological disorder (n=9), and no emerging disorder (n=6). Males were 35 (87%), whereas females were 5 (12%). Mean age was 9 years (SD 1.9). Mean Full Scale Intelligence Quotient was 121.3 (SD 6.35), while mean General Ability Index was 129.18 (SD 6.09). The lowest index score was registered on the Processing Speed Index (mean score: 98.5), while the Working Memory mean score was intermediate (106.5).

Conclusions

We can conclude that difficulties in gifted children's adaption to scholastic and social settings could be misinterpreted as a manifestation of a clear disease. Furthermore, we found that the cognitive non-homogeneous profile was a characteristic of all groups of gifted children, not only of patients with a neurodevelopmental disorder.

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SLUGGISH COGNITIVE TEMPO AND CHILDHOOD ABSENCE EPILEPSY SYMPTOMS MIGHT BE INDISTINGUISHABLE IN CLINICAL SETTINGS

Abstract ID: 404

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Background/Objective

Although Sluggish Cognitive Tempo (SCT) and Childhood Absence Epilepsy (CAE) are different clinical entities, clinicians might not differentiate them due to some overlapping symptoms. We aimed child psychiatrists and child neurologists to be able to recognize and distinguish SCT and CAE symptomatologies in clinical settings.

Method

We recruited 40 children with SCT, 27 children with CAE, and 41 healthy controls aged 7-12. Barkley Sluggish Cognitive Tempo Scale - Children and Adolescents, Child Sleep Habits Questionnaire (CSHQ), 4 SCT scanning items of Child Behavior Check List were completed by the parents of the children. A semi-structured interview was also conducted with the participants. Parents of children with CAE filled in the scales, considering the period before antiepileptic medication was started for their children.

Results

SCT-sluggish symptoms were detected significantly higher in cases with SCT than in those with CAE even after adjusting with Bonferonni correction ($p=0,039$). SCT-daydreamy symptoms were greater but not significantly higher in children with SCT than in those with CAE ($p>0,05$). Both the cases with SCT and with CAE had significantly higher SCT symptoms than controls (all $p<0,001$). In almost all the subscale scores of CSHQ, the controls, the cases with SCT, and those with CAE were not differentiated from each other (all $p>0,05$).

Conclusions

These findings highlight that SCT and CAE can be confused with each other in clinical settings. 'Sluggishness' symptoms but not 'daydreaming' symptoms seem to be important clues in terms of distinguishing and recognizing SCT and CAE symptomatologically by child psychiatrists and child neurologists.

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Resilience, self-harm and posttraumatic distress in Irish young people during the COVID-19 pandemic.

Abstract ID: 409

Presenting author: Finiki Nearchou, *University College Dublin Psychology Dublin, IRELAND*

Background/Objective

The COVID-19 pandemic resulted in a public health crisis with negative mental health consequences for adolescents and young adults.

Method

Data from a sample of young people (n = 628) aged 16-25 years old residing in Ireland were collected anonymously online between September 2020 and May 2021. The questionnaire comprised different sections including among other psychometric tools measuring the posttraumatic distress of COVID-19, depression, anxiety, stress, self-harm and resilience. Hierarchical logistic regressions were applied to examine the role of COVID-19 posttraumatic distress (Step 1), depression, anxiety and stress (Step 2) and the role of resilience above and beyond the contribution of Step 1 and Step 2 variables in predicting the likelihood to engage in self-harm with and without lethal intent.

Results

Results indicated that posttraumatic distress of COVID-19 increased the likelihood to engage in self-harm in youth. However, the higher the scores of resilience the more decreased was the likelihood to engage in such behaviour.

Conclusions

This research offers unique evidence on the role of posttraumatic distress specifically related to COVID-19 in predicting the likelihood of engaging in suicidal behaviour in a large sample of young people. It also offers valuable knowledge on the role of resilience. As we approach the aftermath of this pandemic, these findings can be used to help inform the provision of more tailored services targeting young people who self-harm. These findings also may warrant awareness of expecting higher percentages of young people who engaged in self-harm linked to posttraumatic distress induced by the pandemic.



Psychosocial factors that affect propensity to alcohol and substance use in population of young refugees

Abstract ID: 419

Presenting author: Jelena Vasic, *Institute of Mental Health (Belgrade); Clinic for Children and Adolescents; Belgrade, SERBIA*

Background/Objective

Variety of psychosocial factors affect young refugees' vulnerability to mental health problems. However, there is a paucity of findings on causality of alcohol and substance use in this population. The aim of this study was to assess specific risk and protective factors for the usage among young refugees.

Method

The sample consisted of 184 refugees aged 11–18 years old, residing at two refugee centers in the Republic of Serbia. ANOVA and correlation were used for group differences, and multiple regression analysis for assessing prediction.

Results

The majority of participants was male (N = 155; 84.29%), and currently not enrolled in school system (N=146, 79.3%). For most of them (N=112;60.9%) this was the first center where they reside. 50% of participants reported using energy drinks, 28% tobacco, 13% alcohol, 4.6% marijuana, and lower percentage of them reported using other drugs. Boys, participants aged 15-18, unaccompanied children and those who reported emotional neglect were at higher risk for the usage. Alcohol and substance consumption was significantly lower among participants who had more years of education and had resided in more refugee centers. The significant predictor for alcohol and substance use was the experience of emotional abuse.

Conclusions

These results could help field workers in targeting youths at higher risk for alcohol and substance use, and implementing coordinated actions for protecting them. Professionals should be aware that the usage can be a consequence of exposure to emotional abuse and neglect. Education sector and psychosocial support system were recognised as important milestones for prevention strategies.

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Exploring the nature of the Relationship between Sleep and Self-harm in Young People (12-25 years): A Systematic Review

Abstract ID: 425

Presenting author: Aine French, *University College Dublin School of Psychology Dublin, IRELAND*

Background/Objective

Self-harm describes an act in which an individual deliberately initiates behaviour (e.g., self-cutting), with the intention of causing harm to themselves, with and without suicidal intent. Factors that influence young people's engagement in self-harm and young people's sleep include psychological (e.g., depressive symptoms), emotional (e.g., hopelessness), and environmental (e.g., socioeconomic status) factors. The aim of this review is to assess the role of third factors on the relationship between sleep and self-harm or suicidality in young people. A secondary aim is to compare this relationship between adolescents and young adults and compare the relationship between non-suicidal self-injury and suicidality.

Method

This systematic review involved searching the PsycINFO, EMBASE, PubMed, and CINAHL databases in January 2022 for eligible articles. 2,113 articles were identified for screening. The review is ongoing with an anticipated completion date of April 2022. Data extraction from eligible studies will include participant demographics, methodology, study design, outcome measures, and outcomes. Quality will be assessed using the Mixed Methods Appraisal tool.

Results

A narrative approach, following the guidelines of Popay et al., 2006, will be applied. Factors influencing the association between sleep and self-harm will be discussed. Findings relating to adolescents will be compared to young adults. Findings related to non-suicidal self-injury will be compared to findings related to suicidality.

Conclusions

Results from this review will form the basis for future research exploring the role of sleep in engagement in self-harm and further information on its role in self-harm may be used to enhance interventions to prevent engagement in self-harm.

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Typology and clinical correlates of nonsuicidal self-injury and suicidality in adolescents from a population based cohort

Abstract ID: 432

Presenting author: Nita de Neve-Enthoven, *Erasmus University Medical Center Psychiatry Rotterdam, THE NETHERLANDS*

Background/Objective

The high prevalence and serious long-term risks of nonsuicidal self-injury (NSSI) and suicidality, like an increased risk for severe psychopathology and completed suicide (the leading cause of death in youngsters in the Netherlands), stress the need for early identification. Enhancing our understanding of adolescent NSSI and suicidality may contribute to the development of improved effective prevention and treatment strategies.

Method

The study was part of the baseline measurement of the iBerry Study, a Dutch prospective cohort study in which adolescents at risk for psychopathology were oversampled (N=1,022, mean age 15 years). In 966 adolescents, lifetime frequency of 10 self-injurious behaviours (Inventory of Statements About Self-Injury) and suicidality (Questionnaire on Suicide and Self-harm) were assessed. Latent class analysis (LCA) was used to identify a typology of NSSI and suicidal behavior. These subgroups were then compared across clinical characteristics. In these analyses we explored gender differences.

Results

NSSI was reported by 33.3% (n=322) of participating adolescents, of which 75.2% (n=206) reported to have endorsed more than one method. They most frequently engaged in banging/hitting themselves (15.4%), carving (13.0%), and cutting (10.7%). Girls self-injured themselves more often than boys (respectively 39.6 vs. 26.6%, $p < .001$) and reported more suicidality (respectively 31.8% vs. 18.7%, $p < .001$). Following class assignment, groups differed on NSSI typology and frequency, suicidality, and internalizing symptoms.

Conclusions

Findings from the present study illustrate the substantial heterogeneity of adolescents engaging in NSSI and suicidality. Research on matching phenotypes of NSSI and suicidality to specific interventions is warranted.

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Behind the scenes of the Portuguese adaptation of the Lighthouse Parental Program

Abstract ID: 433

Presenting author: Celia Sales, *University of Porto Faculty of Psychology and Education Sciences Porto, PORTUGAL*

Background/Objective

The 12-week lighthouse programme started to be adapted and piloted by a multicentre network of therapists since September 2021. The aim of this presentation is to share the backstage of the project,

how the main methodological options were taken and adjusted in the face of ongoing constraints, and the lessons learned by our team of researchers, therapists and supervisors.

Method

After a 20 hours training, a network of ten senior therapists collaborated in the adaptation of the program manual and piloted its implementation in their services, as part of their clinical routine, with groups of parents. The pilot study evaluated the acceptability of the program, as well as pre-post change in reflective function, epistemic trust, stress and emotional regulation associated with parenting, and family functioning. Clinical progress was monitored session-by-session with personalized measures.

Results

on going

Conclusions

Lessons learned and best practices will be drawn from this experience.

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Art therapy for children diagnosed with ASD

Abstract ID: 436

Presenting author: *Celine Schweizer, NHLStenden University of Applied Sciences Arts Therapies/ Centre of Expertise: Small n-designs Leeuwarden, THE NETHERLANDS*

Background/Objective

Children with problems related to autism are often referred to art therapy (AT) Core elements of the treatment were explored, defined and evaluated: Reasons for referral to AT; Typical elements of the therapeutic process; The art therapist's handling; Conditions promoting positive change; The outcomes of the treatment.

Method

AT program evaluation with 12 cases in a mixed-methods design and multiple informants who provided solid information on the development of the participating children. With standardized measurement instruments children's progress was monitored during and after treatment, combined with qualitative information of stakeholders on the child's behaviour in AT in the home situation and at school. Two moderate to substantial reliable AT measurement instruments were developed for monitoring children's behaviors and art therapist's handling during AT. Involvement of art therapists, AT students, children with ASD, their parents and teachers in different parts of the study was an essential part of the research.

Results

An empirical based treatment program 'Images of Self' (IOS) was developed with the outcomes 'self perception', 'emotion regulation', 'flexibility' and 'social behavior'. A 57% rate of successful treatments

was given on the outcome measures 'flexibility' and 'social behavior'. All participants reported children that were more happy and stable.

Conclusions

AT supports development of communication skills, flexibility, emotion regulation and self-esteem. The multiple informants approach contributed to insight in different perspectives regarding AT processes and outcomes, including transfer of treatment results for the child at home and in school. The results are promising compared to general youthcare treatment results.



Expanding the Workforce in Early Childhood Developmental, Behavioral, Emotional and Mental (DBEM) Health Disorders with ECHO and an Early Childhood DBEM Curriculum

Abstract ID: 437

Presenting author: *Mary Leppert, Kennedy Krieger Institute Neurodevelopmental Medicine Baltimore, UNITED STATES, Johns Hopkins University School of Medicine Pediatrics Baltimore, UNITED STATES*

Background/Objective

Background There is a critical shortage of child development, and child and adolescent psychiatry specialists to meet the demands of young children with developmental, behavioral, emotional and mental (DBEM) health disorders. Faculty from the Johns Hopkins School of Medicine at the Kennedy Krieger Institute (KKI) designed a curriculum on early childhood DBEM and employed it using the Extension Community Healthcare Outcomes (ECHO) model to prepare practicing pediatric clinicians to meet this demand. **Objective** To describe the efficacy of an ECHO program for practicing pediatric clinicians that employs the curriculum in conjunction with case based learning to guide the clinical practice of participants.

Method

An early childhood DBEM ECHO for practicing pediatric clinicians was established. Each cohort had access to an average of 38-one hour weekly sessions. Pre-test assessments of participants' knowledge was compared to post-test assessments given a week following delivery of educational content. Results report a comparison of percent of correct responses from pre-to-post curriculum exposure. Knowledge gain, confidence and practice change for participants was measured by post-participation survey.

Results

All cohorts showed a significant positive shift in knowledge acquisition ($p < .001$) from pre to post participation. ECHO participants reported substantial gains in their confidence in caring for children with DBEM disorders ($p < .001$). Participants also reported a greater tendency to care for this vulnerable population within their own practices rather than referring patients to subspecialists following participation.

Conclusions

This curriculum is an effective means of increasing knowledge and multiplying the workforce in early childhood DBEM disorders.

Co-authors:

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Association between polygenic risk scores for psychiatric disorders and fluoxetine response in children and adolescent patients

Abstract ID: 452

Presenting author: *Natalia Rodríguez, University of Barcelona Basic Clinical Practice Barcelona, SPAIN*

Background/Objective

Although fluoxetine is useful for the treatment of a number of psychiatric disorders in children and adolescents, a high percentage of patients do not present a proper clinical response, probably due in part to genetic factors. Considering the polygenic nature of this phenotype and the common genetic background existing between psychiatric diseases, in this study, we aimed to assess the role of polygenic risk scores (PRSs) for some psychiatric disorders on the clinical improvement in pediatric patients receiving fluoxetine treatment.

Method

A total of 89 children and adolescent patients were clinically assessed 8 weeks after initiating an antidepressant treatment with fluoxetine for the first time. The genetic association analysis included multiple PRSs constructed using the summary statistics from genome-wide association studies of major depressive disorder, obsessive compulsive disorder, anxiety, schizophrenia and bipolar disorder.

Results

Schizophrenia and obsessive-compulsive disorder PRSs were significantly associated with clinical response after treatment with fluoxetine in our pediatric population. Patients with a higher genetic risk showed significantly greater improvement on different scales, including the Screen for Child Anxiety Related Emotional Disorders (SCARED) and the Global Assessment of Functioning scale (GAF).

Conclusions

Our results provide new insights in the genetic architecture of antidepressant response. A higher genetic liability of schizophrenia and obsessive-compulsive disorder may increase clinical response in children and adolescent patients receiving fluoxetine. Further pharmacogenetic studies are needed to confirm the utility of PRSs as genetic predictors of antidepressant response in order to personalize treatment in pediatric patients with psychiatric disorders.

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Family and clinical correlates of suicide attempt in adolescent inpatients with depressive symptoms – a pilot study

Abstract ID: 454

Presenting author: Sanja Lestarevic, *Institute of Mental Health Clinic for Children and Adolescents Belgrade, SERBIA*

Background/Objective

Suicide in the adolescent population comprises 66 fatalities a year in Serbia. Various family (family structure, family socioeconomic status, parental educational level) and clinical characteristics of adolescents (depression, anxiety, social withdrawal, neurological conditions) may be associated with adolescent suicide attempts. The features of psychiatrically hospitalized youth with suicidality are still poorly understood. Our study aimed to explore family and clinical characteristics of suicide attempters among adolescent inpatients with depressive symptoms.

Method

This cross-sectional study involved 66 adolescent inpatients (19 suicide attempters, 47 non-attempters; 17 males, 49 females; age 12-18, $M=15.17$, $SD=1.57$). The data was gathered through the general self-report questionnaire (assessing the family-related variables), Youth Self Report (YSR), and the neurological / EEG examination. Data was analyzed using Mann-Whitney test.

Results

The only family indicator significantly related to suicide attempt was the number of siblings ($p=0.026$). Suicide attempters scored significantly higher on YSR Withdrawal scale ($p=0.033$), compared to non-attempters. No significant difference was observed in neurological or EEG characteristics.

Conclusions

Results of our pilot study accentuate withdrawal symptoms as the central clinical phenomenon related to suicide attempts among adolescent inpatients, recognizing a higher number of siblings as the family correlate of suicide attempt. The preliminary conclusions call for further exploration and provide possible direction in developing preventive strategies.

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Evaluation of an App-based mindfulness training in children and adolescents with OCD

Abstract ID: 456

Presenting author: Sarah Rempel, *TU Dresden Department of Child and Adolescent Psychiatry Dresden, GERMANY*

Background/Objective

The aim of this study is to evaluate the neurophysiological mechanisms of a mindfulness training in children and adolescents with obsessive-compulsive disorder (OCD) via an app.

Method

To date, 33 participants with OCD (mean age: 15.01 ± 1.51 ; female: 51.5%; mean IQ: 103.41 ± 2.5) have been single-blinded, randomized assigned to a specific and non-specific mindfulness group. Before and after the intervention of 8 weeks, a clinical assessment of OCD symptoms was measured using the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) and the Obsessive-Compulsive Inventory for Children and Adolescents (ZWIK) [self, parents]. In addition, cognitive flexibility was measured and analyzed using a task switching paradigm during an EEG.

Results

Up to now, mean CY-BOCS scores have been reduced from a moderate to a mild severity range. In addition, participants show an average reduction in obsessive-compulsive symptoms after the intervention (ZWIK S and ZWIK E). Behavioral results of the task switching paradigm show an improved mean accuracy from 86.27% (± 1.19) to 89.31% (± 1.13) and faster reaction times from 840 ms (± 33) to 752 ms (± 26).

Conclusions

Data analysis and comparison of the two intervention groups is currently not possible due to the blinding in the study design. After using the specific mindfulness app (i.e. in a pre-post comparison), in contrast

to the non-specific mindfulness app (no specific effects are expected), reduced clinical OCD symptoms are expected. When evaluating the task switching paradigm, improved cognitive flexibility is expected after using the specific mindfulness app. Final results will be presented at the conference.

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The role of inflammatory processes in ASD: Associations between cytokine profiles and autistic symptoms

Abstract ID: 457

Presenting author: *Theresia Volk, Medical Faculty Carl Gustav Carus at the TU Dresden, Germany Department of Child and Adolescent Psychiatry and Psychotherapy Dresden, GERMANY*

Background/Objective

Dysregulated immunological processes play a central role in the etiology of autism spectrum disorders (ASD). In this context, immunological abnormalities are manifested, among others, in the form of altered cytokine concentrations, with proinflammatory cytokines predominating. Heterogeneous results on cytokine profiles reflect the diversity of the disorder and suggest that there is a patient group that is particularly affected by immunological abnormalities. The aim of this study is to identify ASD specific cytokine profiles and their association with autistic symptom expression.

Method

In a randomized placebo-controlled intervention study, so far, 28 children (7-13 years, $M = 10.25 \pm 1.53$, 10.3% female) with ASD and 4 children without ASD (8-13 years, $M = 10.25 \pm 1.92$, 25.0% female) had their blood taken before the intervention. Subsequently, the concentration of 12 cytokines (IL-1 β , IL-2, IL-6, IL-8, CCL2, CCL3, CCL4, CCL5, CXCL10, CCL11, IFN-beta, and TNF-alpha) in peripheral blood was determined using ELISA kits. Symptom severity was assessed with parent-questionnaires.

Results

So far, these are only preliminary results, which will be supplemented by the inclusion of further subjects by the time of the meeting. First results indicate a positive correlation between autistic symptom expression and the concentration of pro-inflammatory cytokines. In addition, the comparison of cytokine concentrations between autistic and non-autistic children is planned.

Conclusions

Due to the heterogeneous symptom expression in ASD, treatment and diagnosis of ASD are

complicated. The analysis of cytokine profiles in peripheral blood, could allow the identification of subgroups, which would potentially benefit from interventions targeting altered inflammatory processes.

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IS THERE ANY RISK FOR METABOLIC SYNDROME IN CHILDREN AND ADOLESCENTS WITH PSYCHIATRIC DISORDERS?

Abstract ID: 464

Presenting author: Akın Tahıllıoğlu, *Çiğli Education and Research Hospital Child and Adolescent Psychiatry İzmir, TURKEY*

Background/Objective

The main purpose of this study was to investigate the risk of antipsychotic drug treatment in the development of metabolic syndrome (MetS) in children and adolescents. We also aimed to determine which psychiatric disorder is more associated with MetS in the pediatric population.

Method

The sample consisted of 118 participants (88 child and adolescent patients with a psychiatric disorder and who used psychotropic medication and 30 controls without the use of medication). The hemogram, fasting blood glucose, lipid profile, weight, and blood pressure levels from all the participants and information regarding medication doses at the 6th month of the treatment process from the patient group were obtained.

Results

Bipolar Disorder (BPD) was the only psychiatric disorder associated with MetS. Quetiapine and Valproic were found to have increasing effects on MetS. Weight gain, the increase in systolic and diastolic blood pressure significantly increased the likelihood of MetS. Hierarchical logistic regression analyses revealed that quetiapine increased the risk of metabolic syndrome through weight gain and that valproic acid increased the risk of metabolic syndrome through the increase in systolic blood pressure.

Conclusions

Especially Bipolar Disorder and psychotropic use in children and adolescents disrupt metabolic regulation and pose a risk for MetS. Determining the risk factors causing MetS especially in children and adolescents plays an important role to prevent mortality and morbidity in advanced ages. Close monitoring seems to be necessary in terms of the risk of MetS, especially in children and adolescents with psychiatric disorders and psychotropic drug use.

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1H-NMR Based Metabolomics in Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Autism Spectrum Disorder (ASD): diagnostic and pathophysiological implications

Abstract ID: 469

Presenting author: *Agata Maria Capodiferro, University of Cagliari Child Neuropsychiatry Cagliari, ITALY*

Background/Objective

Autism Spectrum Disorder (ASD) and Paediatric acute onset neuropsychiatric syndrome (PANS) are two distinct clinically heterogeneous neuropsychiatric disorders occurring in childhood which share the challenging hypothesis of an immunological pathogenesis.

Method

The current observational case-control study tested thirty-four outpatients referred for PANS (mean age 9.5 years; SD 2.9, 71% male), fifteen outpatients referred for ASD (mean age 9.07 years; SD 4.28, 100% male) and twenty-five neurotypical subjects matched for age and gender, by 1H-NMR spectroscopy in sera samples, physical and neuro-psychiatric evaluations.

Results

The significantly altered metabolites between the ASD group and controls were asparagine, aspartate, betaine, glycine, lactate, glucose and pyruvate, whereas arginine, aspartate, betaine, choline, creatine phosphate, glycine, pyruvate and tryptophan exhibited the greatest differences the PANS and ASD groups (p -value of <0.05). The PLS analysis showed strong correlations between the ASD metabolomic profile and C-GAS ($R^2 = 8.8$), WISC-IV ($R^2 = 0.8$) and USCERS ($R^2 = 0.9$) scales and between the PANS metabolomic profile and the PANSS scale ($R^2 = 0.7$).

Conclusions

We identified specific ASD metabolomic biomarkers (glucose, lactate, pyruvate and aspartate) likely depending on disturbances in glucose metabolism occurring in ASD with a potential pathogenic role (e.g. of maintenance). The metabolomic similarities between PANS and ASD patients (progressive depletion of glycine, asparagine reduction) could be putatively related to NMDA receptor dysfunction and to neuroinflammation. Finally, we confirmed the existence of PANS metabolomic “fingerprints”

(tryptophan, glycine) that could perform both as diagnostic predictors of the clinical phenotype and as molecules involved in the distal pathogenesis of the syndrome.



Psychopathological symptoms in parents of adolescents with anorexia nervosa

Abstract ID: 471

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Background/Objective

Anorexia Nervosa (AN) peaks in adolescence, which is intrinsically a period of transition for both the adolescent and the entire family. Therefore family involvement and change in the relational dynamics are inevitable. Research has studied the correlation between AN and adolescents' psychopathological features. Limited studies have otherwise examined parents' profiles during the offspring disorder, which could be decisive in supporting the progression of AN. The purpose of our study is to investigate parental psychopathological symptoms using the self-reported questionnaire SCL-90-R.

Method

A case-control retrospective observational study was conducted in parents of 39 adolescents diagnosed with AN (median age: 15,25 (14,86-17,10)), evaluated by the Department of Child and Adolescent Mental Health, ASST Monza, UNIMIB, Italy. The control sample was enrolled by the Department of Educational Science, University of Genova among parents of 25 children without known psychiatric disorders (median age:15,00 (12,00-17,00)).

Results

AN Mothers showed higher scores in depression($p=0,036$) and Positive Symptom Distress Index ($p=0,033$) scales, and lower scores in hostility($p=0,030$) scale than controls. AN Fathers showed higher scores in depression($p=0,009$), psychoticism ($p=0,014$),positive symptom total ($p<0,001$) and positive symptom distress Index ($p=0,02$) scales than controls. In the comparison between AN mothers and fathers, fathers showed higher scores in hostility($p=0,047$) scale.

Conclusions

These results outline the presence of psychopathological suffering in parents of adolescents with AN. Results confirm the relevance to take charge of parents' suffering in order to restore their ability to support positive changes in adolescents with AN.

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Contextual determinants associated with children's and adolescents' mental health care utilization: a systematic review

Abstract ID: 472

Presenting author: *Sanne Verhoog, Erasmus University Medical Center Department of Public Health Rotterdam, THE NETHERLANDS, City of Rotterdam Department of Social Development Rotterdam, THE NETHERLANDS*

Background/Objective

The prevalence of mental health disorders among youth in Western countries is about 10-20%, of which many do not receive any service for these disorders. Determinants at the contextual level are important for children's and adolescents' mental health care utilization, as this is the level where policy makers and care providers can intervene to improve access to and provision of care. The objective of this review was to summarize the evidence on contextual determinants associated with mental health care utilization in children and adolescents.

Method

A systematic literature search in five electronic databases was conducted in August, 2021 and retrieved 11,085 unique records. Based on eight inclusion criteria, 77 studies were included.

Results

Most studies (80.2%) were rated as high quality. The determinants that were identified were categorized in four groups according to The Social-Ecological Model: organizational (school), community (neighborhood), public policy (organization of care) or environment (weather). There was evidence of a positive association between mental health utilization and living in an urban area, parity laws, screening programs and access to a school-based health center. Evidence was inconsistent for area deprivation, accessibility of care and region of residence. Other determinants were studied few studies and showed no or inconsistent evidence.

Conclusions

To conclude, this systematic review identifies several contextual determinants of children's and adolescents mental health care utilization, of which some can be influenced by policy makers and care providers. However, many other determinants showed inconsistent evidence or had limited evidence only. Implications and future directions for research are discussed.

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The effect of rare genetic mutations on the ASD phenotype: a study in neurofibromatosis type 1

Abstract ID: 473

Presenting author: Edward Debbaut, *KU Leuven Neurosciences Leuven, BELGIUM*

Background/Objective

Autism spectrum disorder (ASD) covers a phenotypically and genetically heterogeneous group of syndromes, but the risk of developing ASD has a strong genetic component. Whether the genetic diversity regarding the etiology of ASD also accounts for the phenotypical variation is unclear. Patients with neurofibromatosis type 1 (NF1) have neurodevelopmental complications, including ASD. This suggests that the NF1 mutation is involved in the development of ASD, making NF1 an model to study the influence of a rare genetic mutation on the variability of the ASD phenotype.

Method

We compare patients with NF1 (aged 3 to 16 years) to peers with idiopathic ASD, using questionnaires, interviews, and a standardized observation (the ADOS) on the ASD core symptoms, and other domains. In a second phase, we compare both populations on experimental measures of social processing, attention, and executive functioning. This includes a multimodal social interaction paradigm involving eye tracking and stress physiology, and a fast periodic visual stimulation (FPVS) EEG paradigm.

Results

Analysis of the data will be ready by the time of the congress. We will have described the developmental phenotype of NF1 at different ages, and expect to find a less variable phenotype in the NF1 group compared to the idiopathic ASD group.

Conclusions

If children and adolescents with NF1 show a less variable ASD phenotype than their peers with idiopathic ASD, genetic factors strongly influencing the risk to develop ASD also have a major impact on the ASD phenotype.

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Cognitive response of healthy/ADHD children during an emotional continuous performance test: an EEG study

Abstract ID: 474

Presenting author: Simona Lamorte, *National Research Council (CNR) Institute of Intelligent Industrial Technologies and Systems for Advanced Manufacturing Lecco(LC), ITALY*

Background/Objective

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by dysregulated cognition and behaviour. An important aspect of emotional dysregulation (ED) in children with ADHD is the presence of a peculiar sensitivity to emotional stimuli, compared to typically developing children (TD). In particular, children with ADHD are significantly poorer in identifying emotional expressions. In the past two decades, the study of neuro-biomarkers of ED in ADHD has seen rapid growth. Different studies, using different imaging techniques (e.g., EEG, NIRS, MRI), found peculiar neural responses to emotional stimuli, linked to poorer behavioural responses. Other studies found that adolescents with ADHD showed deficits in identifying threat-related emotional expressions and alterations in ERPs. These observations support the idea that disturbed face processing capacities lead to difficulties in decoding the social cues, leading to a higher sensitivity to them and to ED. Our work aims to evaluate the presence of neural activity peculiarities in children with ADHD using EEG measures.

Method

17 children with ADHD (mean age 11.5 ± 2.85) and 21 TD (mean age 10.4 ± 3.14) performed an emotional continuous performance test, in which is required to focus on 3 different emotive facial expressions (i.e., positive, negative and neutral) or distorted images. The EEG signals were acquired using a 64-channel system (Brain Products, Germany). For each subject we investigated the EEG activity in four regions of interest (frontal, pre-frontal, parietal and central).

Results

Further analyses are still ongoing and the final results will be presented at the conference.

Conclusions

Also the conclusions will be explained during the conference.

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Opening therapeutic groups in day care hospital to outpatient centers: A strategy to improve accessibility to specific treatments in the community.

Abstract ID: 476

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Background/Objective

Specific treatment for severe psychopathology in adolescence has shown greater efficacy when carried out promptly, with easy access from the community being a determinant factor. Usually specific group interventions for adolescents and their families (i.e. treatment of early onset psychosis, eating disorders, autism, borderline personality or addictions), are offered in hospitals but not on a primary or secondary care level, which limits accessibility and has an impact on course outcome for patients. In Catalonia, adolescent day care hospitals have been carrying out group treatments for mental health disorders for years, but access to them from the community was limited. In 2019, these groups started admitting referrals made from primary care levels, as part of a strategy to improve accessibility and healing opportunities to a greater population.

Method

Descriptive analysis of the impact of the intervention in accessibility, secondary benefits and difficulties.

Results

There was a positive impact of this strategy on the accessibility to specific treatments in the community for severe psychopathology in adolescents and their families. Secondary benefits were the decrease in hospital admissions and facilitating therapeutic adherence to adolescent mental health services. Improving coordination between therapists and working with patients with low motivation towards the therapeutic interventions are the main areas to work on.

Conclusions

Opening psychotherapeutic groups in day care hospitals to outpatient centers helps to improve access to specific group treatments for adolescents and their families with severe mental disorders.



The multiple faces of the thinness pursuit: four different stories of what may lie beneath Anorexia Nervosa

Abstract ID: 483

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Background/Objective

Disturbances of eating behavior such as severe restrictions in food intake, binge eating or purging (often associated with intense fear of gaining weight) are common referrals to child psychiatry services. Although a diagnosis of Anorexia nervosa (AN) is often reached, some cases present with a much more complex and diverse clinical picture that goes beyond the eating disorder framework. Autistic characteristics, psychotic (or subthreshold psychotic) symptoms, affective disturbances, obsessive-compulsive disorder are just a few within the rich "palette" of co-occurring conditions and/or underlying difficulties.

Method

We present a collection of four case vignettes of adolescent patients diagnosed with AN and identified as having additional or underlying mental health problems. Since we consider the process of identification to be a multidisciplinary endeavour, results from comprehensive psychiatric evaluation and psychological assessment are presented and discussed in line with additional relevant findings.

Results

Case presentations provide practical insight into the process of identification and intervention planning in complex, unusual and challenging cases of AN.

Conclusions

Symptoms of anorexia and other psychiatric problems can co-exist in different ways. Anorexic behaviors can precede, concur or follow another pathological clinical manifestation causing diagnostic confusion and uncertainty for the multidisciplinary clinical team. Our experience reveals that if the underlying problem remains untreated, adolescents are at higher risk of relapsing into their adverse eating patterns. Therefore, specifying this co-existence of symptoms and identifying the underlying problem driving the eating disorder is essential for treatment and intervention planning and can in many ways determine the overall outcomes of care.

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The effect of maternal childhood maltreatment on adolescents' development: Understanding the cycle of family risk factors

Abstract ID: 485

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Background/Objective

A history of childhood maltreatment often has a long-lasting impact and increases the risk for negative outcomes across different domains in life. A childhood maltreatment experience in parents may even affect the next generation. Specifically, mental health problems in the offspring may arise due to multiple familial risk factors, but a better understanding of these factors is needed to enable earlier identification and intervention within the family context. Using a sample of a large population-based study, including both mother and child self-reports, we determined whether a maternal childhood maltreatment history is associated with increased mental health problems in offspring, and what the role of family factors is in this association.

Method

Participants were 3.592 adolescents (aged 13 years) and their mothers from ethnically diverse backgrounds recruited in the Generation R Study. Mothers reported childhood maltreatment experiences using the Childhood Trauma Questionnaire (CTQ) and adolescents reported on their mental health using the Youth Self Report (YSR).

Results

Structural equation modeling (SEM) indicated that maternal history of maltreatment predicted greater internalizing ($\beta = .115, p < .01$) and externalizing symptoms ($\beta = .107, p < .001$) in late childhood.

Conclusions

From our preliminary data, we tentatively conclude an intergenerational effect. In further research, we will examine whether family functioning underlies this link between maternal maltreatment history and offspring mental health. These results will be presented at the conference.

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PSYCHOPATHOLOGIES AMONG CHILDREN AND ADOLESCENTS SUFFERED FROM COVID-19 INFECTION: PRELIMINARY STUDY

Abstract ID: 489

Presenting author: *Esra YURUMEZ, Ankara University School of Medicine Child and Adolescent Psychiatry Ankara, TURKEY*

Background/Objective

The main aim was to evaluate sociodemographic characteristics, emerging/changing psychopathologies of children and adolescents after Covid-19 infection.

Method

Forty-five patients, who applied to the pediatric emergency and were diagnosed with Covid-19 infection were included to the study. Sociodemographic data form, Beck Depression Inventory (BDI)(for >13 years) or Child Depression Scale (CDS)(6-12 years) and the diagnostic interview KSADS-PL were applied by the clinician. Behavior Rating Inventory for Executive Functions and Conners Parent Rating Scale were fulfilled by parents. Statistical analyzes were performed using the SPSS package program.

Results

The sample was consisted of 23 girls and 22 boys with a mean age of 12.73(±3.2). After covid-19 infection, the frequency of both diagnosis and subclinical symptom severity of anxiety disorders, depressive disorder, obsessive compulsive disorder, eating disorders and also somatic complaints, inattention, sleep disorders were increased. The most significant change was in the frequency of eating disorders regarding to Spearman correlation ($r(df)=.61, p<.0001$).

Conclusions

The results indicate that Covid-19 disease causes an increase in psychopathologies among child and adolescent population. It is thought that the results obtained by the accumulation of data will be more enlightening. Eating disorders seem to be the most affected diagnosis after infection. Our clinical experience also supports the increase in anxiety related to eating after Covid-19 infection. In this respect, it will be important to evaluate the effects of Covid-19 infection on neuropsychiatric areas by considering the severity and different symptoms of the disease.

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Emotional dysregulation and adaptive functioning in preschoolers with autism spectrum disorder or other neurodevelopmental disorders

Abstract ID: 491

Presenting author: Daniele Marcotulli, *University of Turin Department of Public Health and Pediatric Sciences, Section of Child and Adolescent Neuropsychiatry Turin, ITALY*

Background/Objective

Emotional dysregulation (ED), defined by deficits in the ability to monitor and modulate the valence, intensity, and expression of emotions. Although ED does not represent a diagnostic feature of autism spectrum disorder (ASD), its manifestations are an important contributor to functional impairment and clinical referral. This study examined the relationship between ED and adaptive functioning in preschoolers clinically referred for ASD or other neurodevelopmental disorders.

Method

The sample included 100 children (74% males, mean age 39.4 + 12.3 months) who received clinical assessments of ED with the CBCL-Attention, Anxious/Depressed, and Aggression index (CBCL-AAA), of autism symptom severity with the ADOS-2 (ADOS-CSS), and of global developmental/cognitive delay (GDD) with age-appropriate standardized scales. Adaptive functioning was measured with the ABAS-II. Sixty-five children met DSM-5 criteria for ASD. Multivariate regression models were applied to evaluate the relative contribution of ED, ASD severity and GDD to the ABAS-II general (GAC), conceptual (CAD), social (SAD), and practical (PAD) adaptive functioning domains.

Results

Overall (n=100), lower adaptive functioning was associated with higher CBCL-AAA ($p = 0.003$), higher ADOS-CSS ($p < 0.001$), and presence of GDD ($p = 0.023$). In the ASD group (n=65), worse CAD was predicted by GDD ($p = 0.016$), and worse SAD and PAD by higher ADOS-CSS ($p = 0.032$) and ED ($p = 0.002$).

Conclusions

ED is a significant contributor to impairment in adaptive functioning among preschoolers with a neurodevelopmental disorder and, in particular, with ASD. ED could represent a specific target for early interventions aimed at enhancing adaptive functioning.

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The outcomes of children affected by school refusal with or without social withdrawal: long term follow-up of a clinical sample treated in a dedicated psychiatric day hospital program

Abstract ID: 492

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Background/Objective

School refusal (SR) is a serious problem in adolescence with variable distal prognosis. We aimed to evaluate both the short-term (T1, at discharge) and long-term outcomes (T2, up to 10 years) of a sample of school refusers treated in a dedicated day hospital program and to identify early prognostic factors of clinical/academic outcomes.

Method

The sample included 68 youth aged 10-17 years at intake, 50% males, treated for 12.94 months (SD±10.15). Data were gathered from medical records, interviews, and internationally validated psychometric questionnaires assessing psychopathology and global functioning. The follow-up data collection was in person (n=19) or through telephone interview (n=18). Descriptive and inferential statistical analysis were performed.

Results

Mean age at T1=14.20 (SD± 1.70; range 10-17), at T2=21.14 (SD± 2.20; range 18-26); clinical features were described: anxiety disorders were the most frequent diagnosis (35%), 68% presented social withdrawal, 59% had familiarity for psychiatric disorders, 51% were bullied. At T1 71% returned to school and 75% had a social recovery. T2 outcome information were available for 54.4%: 81% was studying/working, 73% had a high-school degree, 32% was followed-up in mental health services. Shorter time between symptoms onset and diagnosis and higher global functioning at intake were predictors of more favorable outcome, while developmental delay, bullying and school difficulties were negative prognostic factors.

Conclusions

Almost half of the patients had favorable outcomes at the long-term follow-up. Baseline impairment and delayed treatment were the main predictors of long-term results. These data suggest that early intervention might improve the short and long-term outcomes of school refusers.

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Online-Delivered Parent Training Program for Toddlers with ASD

Abstract ID: 494

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Background/Objective

During Covid pandemi, tele-health interventions demonstrated that they are highly efficacious and cost-effective. Studies conducted with parent-mediated training programs for children with ASD showed that parents had high levels of satisfaction. It was reported that such interventions had increased parent-child relationship, children's social-communication skills and parents' quality of life. Parent-Mediated Intervention for ASD (OYNA) Program is an online-delivered program in a group format aim to improve interaction, play, imitation, and communication skills of preschool children with ASD.

Method

The aim of this clinical perspective is to discuss parent-mediated programs for children with ASD and share our experience on OYNA program. OYNA is an 8-week tele-health intervention that was developed for parents of children aged between 15-60 months with ASD symptoms. Each week, parents

get together via zoom and each group consisted of 8 parents. During the program, every week the primary investigator (SH) gave a 40-minute lecture on topic of the week. Afterwards, videos were shown to demonstrate the main principles. There were homework studies for the parents and one-week later they were asked to video-type their interaction for 2 minutes.

Results

Over 300 parents have participated in the OYNA program for about 1.5 years. According to the results of the satisfaction surveys given to the families at the end of the program, all of the parents stated that they were very satisfied with the program and recommended it to other families.

Conclusions

It emphasizes the importance of education about what parents of children with ASD can do, how they can do it.



Patients with acute psychotic symptoms and suspected autoimmune encephalitis in the care of the network of specialists

Abstract ID: 496

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Background/Objective

The ongoing pandemic has significantly changed people's daily living and the search for medical help is often delayed due to fears of possible infection when visiting a healthcare facility. However, medical conditions arise that require timely diagnosis and treatment. In this regard, we are presenting two cases of adolescents (aged 16 and 17) who sought help for acute psychotic symptoms and disorganized behaviour.

Method

We describe the diagnostic pathway of these two patients in the network of child specialists: from the first complaints, pre-admission consultations, admission status, laboratory and imaging test results during the hospital stay, interclinical consultations, diagnosis and differential diagnosis to the referral for treatment and follow-up.

Results

Suspecting a neurological or somatic cause underlying the clinical picture of acute psychosis, we had to provide patients with the necessary tests and interclinical consultations at the beginning of the diagnostic process. In the context of a pandemic, we have once again faced the need to facilitate cooperation and procedures within interdisciplinary healthcare networks for children and adolescents.

Conclusions

We consider that timely diagnostic and interventions is a prevention of longterm disability. We believe

it's important to share our experience due to the rarity of such cases, the complex clinical picture with a severe course, the long diagnostic and therapeutic process and the participation of various specialists.

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Perspectives of children, parents, and psychosocial workers about an IPT-based bibliotherapy book for children that have a parent with a mental illness

Abstract ID: 497

Presenting author: Geneviève Piché, *Université du Québec en Outaouais Psychoeducation and Psychology Saint-Jerome, CANADA, Center for Research on Youth and Families Université Laval Quebec, CANADA*

Background/Objective

Children of parents with a mental illness are a group at higher risk for developing a variety of psychiatric problems compared to children of parents without mental health problems. Some preventive psychoeducational interventions target these children to promote their well-being and resilience and to prevent the emergence of adaptation difficulties. However, few have developed specific interventions for 7-11 years old children of parents with a mental illness. The purpose of this study is to document the overall satisfaction of an IPT-based bibliotherapy book *Le Trésor de l'Île Rouge* targeting children living with a parent with a mental illness.

Method

A nested concurrent research design, including both qualitative and quantitative data collected

simultaneously and combining the perspectives of three types of respondents (children, parents, caregivers), was used. In total, 22 participants, including six families with a parent who has a mental illness (8 parents, 8 children) and 6 psychosocial workers completed an online survey after reading the book.

Results

The results suggest that the bibliotherapy book is a useful and supportive tool for intervening with families where a parent has a mental illness.

Conclusions

This study shows that the bibliotherapy book seems well adapted to the developmental abilities of school-aged children. It is strongly appreciated and positively perceived by the families and psychosocial workers who participated in the study.

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Comparative pilot study of thinking in adolescents with schizophrenia in 1990, 2000 and 2010

Abstract ID: 498

Presenting author: Natalia Zvereva, *Mental Health Research Center Department of Clinical Psychology Moscow, RUSSIA, Moscow State University of Psychology and Education Department of neuro- and pathopsychology of development Moscow, RUSSIA*

Background/Objective

Thought disorders are very important in schizophrenia. Cognitive disfunctions in schizophrenia in adolescents is studied less than in adults. In Russia, thinking disorders are assessed by using qualitative analysis of quantitative indicators of methods elaborated in our country. "Construction of object" (Russian Pathopsychological method) was used in investigation of thought disorders in 1990, 2000 and 2010 years. We suppose changes in results in these 3 periods.

Method

Patients with F20.x, F21.x according to ICD10: 1990 – 11 (G1990) age 16-19 2000 – -16 (G2000) age 13-16 2010 – 16 (G2010) age 13-16 Parameters "Construction of object" method: KS – coefficient of standard answers; KI - coefficient of integrative answers, CC -coefficient of combinatorial answers , P - productivity.

Results

Comparing of indicators according to the Kruskal — Wallis test revealed significant differences in the CC parameter between the groups of patients G1990 & G2010, $H= 10.412$ ($p<0.033$) and between the

groups of patients examined G2000 and G2010, $H=11.906$ ($p<0.007$). Between G1990 and G2000 significant differences in the "combinatorial method" were not found. No significant differences were found for other parameters (KI,KS,P).

Conclusions

The results obtained indicate a certain stability of the thinking parameters of patients with schizophrenia spectrum disorders and indicate the need to revise the versions of assessing methods. The fact that the main differences are obtained in CC can be associated with the properties of different generations of studied patients X (G1990), Y (G2000), Z (G2010) belonged. This assumption requires additional testing on large samples and other means of assessing thinking.

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Parental satisfaction with the online delivery of the Incredible Years ASLD® intervention: supporting families and child development in the context of the COVID-19 pandemic

Abstract ID: 499

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Background/Objective

The COVID-19 pandemic has had a large impact in the mental health of children with neurodevelopmental difficulties and their families. Most families have reported a discontinuation of services, therapy and education, which has led to more behavioral dysregulation in this vulnerable population. The present study explores parental satisfaction with the online delivery of the Incredible Years Autism and Language Delay (IY-ASLD®) program.

Method

The FIRST STEPS study is a multicenter, pilot randomized controlled trial. Twenty-three parents of children with autism spectrum disorder or preterm children with communication and/or socialization difficulties (aged 2–5 years) participated in the online intervention during the pandemic and completed the final satisfaction questionnaire. A qualitative analysis was performed according to the Thematic Analysis. Children's mean age was 44.2 months and 90.9% were male.

Results

Overall, the feedback was positive and 91.3% of parents considered the intervention "extremely helpful" or "very helpful". Parents reported advantages of the online format related to better family logistics and improved access to therapy. The main perceived disadvantage was the distant interpersonal relationships.

Conclusions

Online interventions should be considered, as they could improve access to evidence-based intensive treatments. Future studies should analyze the efficacy of the online delivery of the Incredible Years Autism and Language Delay program, using a randomized controlled design and a larger sample.

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Adult Attachment style of foster host parents influences coping self-efficacy of their adolescent protegees

Abstract ID: 502

Presenting author: Nicola Großheinrich, *Catholic University of Applied Sciences North Rhine Westfalia Social Sciences Cologne, GERMANY*

Background/Objective

Caregiving relationships influence how individuals self-regulate in the face of potential threats and remain influential in adulthood (Shaver & Mikulincer, 2002), but empirical studies are rare. The current study investigated whether the attachment style of foster host parents influences coping self-efficacy (CSE) of foster host adolescents.

Method

In total, 48 parent-child dyads were examined using assisted online surveys comprising adult attachment style, parenting style, parental education and childhood adversities. Hierarchical stepwise regression was performed and exploratory moderator/mediator analyses were conducted on adolescent CSE.

Results

As result, a negative relationship between parental attachment-related anxiety and CSE in foster host adolescents was observed. Parental academic education did not account for any additional variance. The association observed was moderated by parental strictness as one aspect of the parenting style.

In addition, parental attachment style mediated the impact of childhood adversities in foster host parents on the CSE of their protégés.

Conclusions

The study suggests that parental attachment-related anxiety is more crucial than educational attainment for CSE in foster host adolescents. Moreover, parental attachment-related anxiety could be affected by parenting patterns and serves as mediator for parental childhood adversities. Given the assumption that attachment styles are modifiable, professional support of foster host dyads is advised.



Perceived Support and Sense of Social Belonging in Young Adults Who Have a Parent With a Mental Illness

Abstract ID: 504

Presenting author: Genevieve Piché, *Université du Québec en Outaouais Psychoeducation and Psychology Saint-Jerome, CANADA, Center for Research on Youth and Families Université Laval Quebec, CANADA*

Background/Objective

This participatory action research explores the perceived social support of youth whose parents have a mental illness during their transition to adulthood. Our study wished to : (1) identify which aspects of social support these youth spontaneously address when talking about their experiences in Photovoice workshops; and (2) explore how participants view these types of workshops as a good way to improve their sense of social support and belonging.

Method

Ten young adults between the ages of 18 and 25 who have at least one parent with a mental illness participated in Photovoice meetings in 2019. These group meetings aimed to explore and share their experiences as young adults whose parents have a mental illness. The testimonies were combined with data obtained from the abbreviated version of the Social Provisions Scale and the Scale of Social Belonging.

Results

The quantitative results suggest that participants consider their social support levels to be high, but their qualitative statements highlight low level or absence of parental support in terms of emotional, informative or instrumental levels. They see themselves as an important source of support for their parent and discuss the importance of having other supports figures. Conversely, they have difficulty asking for help for various reasons. They consider that their participation in this project allowed them to feel heard, supported and to develop a sense of belonging to a group.

Conclusions

To conclude, clinical issues to be considered for psychosocial intervention with young adults of parents with a mental illness are discussed.

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Impact of Covid-19 pandemic on psychiatric residents' training

Abstract ID: 505

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Background/Objective

Describe the perceived impact of the Covid-19 pandemic on the theoretical and practical training of psychiatry and child psychiatry residents.

Method

Descriptive cross-sectional study conducted online in September 2021, on psychiatric residents and child psychiatric residents in training.

Results

A total of 65 resident answered our survey with 57% specialized in child and adolescent residents. One-fifth of the residents actively avoided specific training site because of the risk of contagion and of Covid night shifts. The residents reported that the pandemic had a negative impact on their theoretical and practical training in 58% and 89%. Among the arguments used, they mentioned a reduced number of patients and a limited duration of psychiatric interview as well as a decrease in weekly staffs and courses. Concerning post-graduate education, one-third of the residents interviewed reported difficulties accessing courses due to health restrictions. Online courses were linked to difficulties in the quality of assimilation and understanding in 75% of the cases. However, this type of education encouraged 40% of residents surveyed to enroll in more than one post graduate educational program during the pandemic. Holding international scientific conferences and events online encouraged 61% of the residents to participate. For two thirds of them, the motivations were mainly financial.

Conclusions

The Covid-19 pandemic pushed residents to make an adaption to these unusual conditions.

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FIRST STEPS: Feasibility of implementing the Incredible Years-ASLD® program in Spanish children with Autism and preterm children with communication and/or socialization difficulties.

Abstract ID: 506

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Background/Objective

Having access to parenting interventions in the early years is key to improve developmental outcomes of children with neurodevelopmental problems. The Incredible Years® Parent Program has been adapted for families of children with autism or language delays (IY-ASLD®). The main aims of this study are to determine the feasibility of implementing the IY-ASLD® program within Spanish Child Mental Health Services and to examine parents' acceptability and satisfaction with the intervention. As a secondary objective, we aim to evaluate its preliminary effectiveness in terms of reducing parental stress and depressive symptoms.

Method

The FIRST STEPS study is a multicenter, pilot randomized controlled trial. Sixty-two families of children with autism spectrum disorder and preterm children with communication and/or socialization difficulties (aged 2–5 years) were recruited (children's mean age was 46.8 months and 82.8% were male). Families were assessed prior to randomization and after the intervention. Thirty-four families were randomized to the IY-ASLD program and 28 to a treatment-as-usual condition. The COVID-19 outbreak led to the drop-out of 6 families (9.7%) before starting the program. Due to the pandemic, the intervention was mostly performed online.

Results

A high percentage of families (80.4%) completed the intervention. Satisfaction with the program and specifically with the online format was high. No significant differences in parental stress and depressive symptoms were found in the intervention group, comparing pre- and post-intervention assessment.

Conclusions

The study supports the feasibility of implementing IY-ASLD in Spanish Mental Health Services. Future studies should analyze the efficacy of the program using a larger sample.

Co-authors:

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Evaluating the efficacy and acceptability of the website “ich-bin-alles” to improve depression literacy in adolescents: randomized controlled trial

Abstract ID: 510

Presenting author: Sara Kaubisch, *Ludwig-Maximilians-Universität Klinik und Poliklinik für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie München, GERMANY*

Background/Objective

Few young people with major depressive disorder seek professional treatment in time. Concerns about social stigma, confidentiality, and limited knowledge about mental health conditions, such as depression, or mental health services are some of the main barriers to seek treatment. To address these problems, we developed an evidence-based website “ich-bin-alles” (<https://www.ich-bin-alles.de/>) to improve depression literacy (e.g., information about symptomatology, treatment, and self-help strategies) in adolescents. Easy access to information may engage young people to seek help for depression. The aim of this study is to evaluate the efficacy and acceptability of this website to improve depression literacy in two different target groups: adolescents with depression and healthy adolescents.

Method

In two identically designed randomized controlled trials, adolescents with depression (n=68) and healthy adolescents (n=68) aged 12 to 18 years are allocated to either the intervention- or control group. All participants are evaluated at baseline, at post-intervention, and at a two and four-week follow-up. The primary outcome is the depression literacy rate as measured with a self-designed questionnaire. The secondary outcome is the acceptability of the website as assessed by a self-designed questionnaire.

Results

The data collection of both trials will be completed in February 2022. The pilot results indicate that the website improves depression literacy and is overall positively accepted among both healthy adolescents and adolescents with depression.

Conclusions

Findings from this study will probably show that the website effectively improves depression literacy in adolescents. The approach taken can thus be seen as promising in facilitating access to treatment for depression.

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Device for strengthening psychosocial skills among adolescents in humanitarian contexts

Abstract ID: 511

Presenting author: *Elisabetta Dozio, Action contre la faim Mental Health Paris , FRANCE*

Background/Objective

Adolescents in humanitarian crises are more likely to be victims of violence, abuse and neglect. In forced migration processes, they may lose access to education, health and livelihoods and may be separated from their families or caregivers. Often, depending on culture-specific representations, adolescents may be forced to deal with the complexities of this developmental phase on their own, compromising their healthy development into adulthood and preventing them from reaching their potential.

Method

To help adolescents cope with the challenges of their age, compounded by the complexity of humanitarian situations, a group psychosocial device has been tested in the Central African Republic. The protocol is designed for children between the ages of 12 and 18. It is organized in 8 sessions. To allow individual expression and group dynamics, the protocol is based on the use of culturally accepted mediations: collage and staging.

Results

Between February and November 2021, 405 adolescents participated in the psychosocial support program. Through the mediation of collage and drama, adolescents were able to strengthen their psychosocial skills. Quantitative and qualitative results will be presented to highlight the strengths of this protocol as well as areas of improvement.

Conclusions

This protocol has been tested in the Central African Republic where it has shown good results on adolescents affected by exposure to repeated conflicts. However, it still needs to be adapted culturally before adaptation in other countries, while remaining faithful to the initial model.



How do pregnant mothers communicate with their fetus?

Abstract ID: 513

Presenting author: Samiha Laoures Meddouri, *University of Tunis ElManar Faculty of medicine of Tunis Tunis, TUNISIA*

Background/Objective

Study the communication modalities between the pregnant mother and her fetus.

Method

A transversal descriptive study, for three months, including pregnant women. A pre-established information sheet was used to collect data and maternal fetal attachment was assessed using the Prenatal Attachment Inventory (PAI).

Results

A total of 156 pregnant women was recruited with a mean age of 30.92 years old and a mean gestational age of 33.16 WA. The pregnancy was described as "desired" by 87.8% and "planned" by 26.3%. They intended to breastfeed in 97.4%. A dysgravidia complicated the pregnancy in 35.9% with suffering from a preterm birth threat in 7.1%. Women reported perceived Active Fetal Movements (AFM) during the first trimester of pregnancy in 17.3%. they enjoyed feeling the baby move in 87.17% and they reported being able to make the baby move in 32.1%. They touched their bellies in search of an interaction with their fetus in 64.1%. Women communicated verbally with their fetus in 81.1% and sang to them in 30.1%. Verbal communication started during the second trimester in 56%. For verbal interactions, a significant association was found with "desired" pregnancy and the intent to abort in the beginning of the pregnancy ($p=0.023$ and $p=0.042$). tactile interactions were significantly correlated with the "planned" pregnancies, the intent to breastfeed and preterm birth threat ($p=0.011$, $p=0.015$ and $p=0.038$).

Conclusions

The mother's emotional and behavioral investment for her unborn child is essential for attachment.

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Life trajectories of young people dead by suicide

Abstract ID: 514

Presenting author: Chtioui Emna, *Hospital Monji Slim Child and Adolescent Psychiatry La Marsa, TUNISIA*

Background/Objective

Studying life trajectories of young people dead by suicide help us better understand the risk factors and improve prevention approach.

Method

This is a comparative case-control study, aiming to compare a group of completed suicide cases (n=16) between January 2017 and December 2020 in Tunis, Tunisia with a control group (n=16), matched to gender and governorate, without history of suicidal behavior. The interviews with the respondent was done after their consent, and based on: the kiddie Schedule for Affective Disorders and Schizophrenia (Kiddie-SADS) for the assessment of psychiatric disorders and the life trajectory questionnaire developed by M.Séguin et al.

Results

For each group, 10 were male and 6 were female. The age of suicide cases was between 8 and 23, with average age of 14.5. The most used means of suicide was hanging (n=14). According to the Kiddie-SADS, a psychiatric disorder was present during the last 6 months in 13 of suicide cases: depression (5), ADHD (2), manic episode (1), separation anxiety disorder (1), others disorders (4). Only one case had a psychiatric disorder in control group. The analysis of the life trajectory revealed 8 suicide cases were victims of violence: physical (5), psychological (2) and sexual (1), the violence provided mainly by the family, versus 3 violence cases in the control group. School failure during the last year was found in 12 of suicide cases versus only 5 of control cases.

Conclusions

Results confirm that mental disorders, school failure and violence are major risk factors of completed suicide in youth.

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PANS Case Report. Assessment and management implications for a Liaison Child Psychiatry Program

Abstract ID: 515

Presenting author: MARIA ROSARIO PEREZ MORENO, HOSPITAL CLINICO SAN CARLOS PSYCHIATRY MADRID, SPAIN

Background/Objective

Pediatric acute-onset neuropsychiatric syndrome (PANS) was described in 2010 not related to streptococo infection (as PANDAS is), and with a clinically distinct presentation, defined as: I) Abrupt, dramatic onset of obsessive-compulsive disorder or severely restricted food intake; II) Concurrent presence of additional neuropsychiatric symptoms; III) Symptoms are not better explained by a known

neurologic or medical disorder. The objective is to highlight the need of an specific medical and psychiatric assessment and management from a multidisciplinary perspective in these patients.

Method

Description of the clinical features in a scholar boy who suffered an abrupt obsessive-compulsive disorder and the diagnostic evaluation and initial management that was carried out during the hospitalization.

Results

Clinical case: A 7-year-old boy brought to the emergency department due to his repetitive and hyperactive behaviour. After the admission in the hospital a clinical history was identified with PANS diagnostic criteria. He presented repetitive language and ritualized behaviour, emotional lability and hyperactivity that has begun in an abrupt manner in the last 5 days. Family history, medical history and physical examination, infectious disease evaluation, neurological assessment and child psychiatric assessment were carried out during hospitalization. Coordination between neuropediatrics and child psychiatry was necessary.

Conclusions

In all school-age child presenting with abrupt obsessive compulsive disorder or eating disorders a possible link to PANS should be evaluated and rule out. It is important a Liaison Child Psychiatry program for a complete multidisciplinary evaluation and management of these patients.

Co-authors:

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Explaining executive functioning and theory of mind deficits in children with developmental language disorder in terms of inner speech

Abstract ID: 516

Presenting author: Thomas Caminga, *Radboud University Behavioural Science Institute De Bilt, THE NETHERLANDS*

Background/Objective

Many individuals with developmental language disorder (DLD) have deficits in the domains of executive functions (EFs) and theory of mind (ToM), with consequences for their social-emotional functioning. Language, in the form of self-directed speech, plays a role in both EF and ToM. Self-directed speech is overt or covert speech that is directed at the self, and has a developmental origin in social dialogue. Recently, studies have found anomalies in the development and use of self-directed speech in children with DLD.

Method

We will present a model that accounts for the EF and ToM deficits in children with DLD in terms of self-directed speech. It is argued that the effectiveness of self-directed speech is constrained by the level

of language development, and in particular word meaning structure. Substantiating this model, new data will be presented on the use of self-directed speech during EF and ToM, as well as the level of word meaning development, in children with and without DLD. Since both overt and covert self-directed speech have been shown to result in elevated electrical activity in the lips, self-directed speech was measured with electromyography (EMG).

Results

The results are forthcoming.

Conclusions

We will conclude the talk by considering the implications of the model and data for the treatment of children with DLD. We propose that effective use of self-directed speech may be a suitable target for treatments that aim to enhance the EF, ToM, and social-emotional functioning of children with DLD, taking into account the level of word meaning structure.



Assessment of the psychological impact of the lockdown and COVID-19 pandemic on children and adolescents in Tunisia

Abstract ID: 518

Presenting author: Fatma Charfi, *Faculty of Medicine of Tunis, University of Tunis El Manar Child and Adolescent Psychiatry, Mongi Slim Hospital Marsa, TUNISIA*

Background/Objective

The aim of our study was to assess the psychological impact during lockdown in the beginning of the COVID-19 pandemic in children and adolescents in Tunisia.

Method

We conducted a cross-sectional study by telephone with a representative sample of Tunisian households between the 10th and the 24th of August 2020. We included parents of children aged between 5 and 15 years old, who consented to participate in the study. Collected data included socio-demographic and general features and items related to setting up routines and adaptive containment measures. A questionnaire with 30 items was developed to assess anxiety, emotional and behavioral symptoms.

Results

Five hundred fourteen parents were included in the study. Almost half of the respondents were mothers (51%) and half of the children were male (51.6%). More than one third of the parents (36.2%) were aged between 36 and 45 years old. Almost a quarter of fathers (23.9%) continued to work during lockdown as prior to COVID. Parents reported depressive symptoms, anxiety symptoms and behavioral manifestations respectively in 38.7%, 69.8% and 61.9% of their children. Mothers reported more depressive symptoms ($p=0.001$), eating disturbances ($p=0.007$) and sphincter disorders (0.046) than fathers. These symptoms were also associated to the female gender of the child (respectively $p=0.002$,

p=0.011 and p=0.034). Children whose fathers continued to work during lockdown had shown more positive attitude to COVID pandemic (p=0.027).

Conclusions

The results of our study could lead to develop recommendations for children and adolescents in the context of pandemic in order to avoid negative psychosocial repercussions.

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An investigation of intrapersonal predictors of daily screen time: Is Sluggish Cognitive Tempo a potential predictor?

Abstract ID: 519

Presenting author: Nuran Gözpinar, *Goztepe Prof Dr Suleyman Yalcin City Hospital Child and Adolescent Psychiatry Istanbul, TURKEY*

Background/Objective

Screen time defines the time spent in front of television, mobile phone, tablet, computer and game consoles. Rumination is a transdiagnostic process that has been reported to mediate problematic technology use and is closely related to Sluggish Cognitive Tempo (SCT). SCT is frequently associated with psychological disorders known to affect screen time. It was aimed to examine intrapersonal predictors of screen time and whether SCT is among these predictors.

Method

104 female and 60 male adolescents with mean ages of 14.39 ± 1.39 and 13.87 ± 1.96 , respectively, participated in the study. Data on screen time and possible predictors were collected from parents and adolescents and analyzed by linear regression analysis.

Results

The mean screen time of participants was $8.05 \text{ h} \pm 2.18$. Correlations between screen time and

intrapersonal factors including emotional problems, prosocial behaviors, inattention, hyperactivity and SCT were found to be significant. According to the regression analysis, SCT explained 7.2% of screen time.

Conclusions

While this study supports the existing literature that inattention, hyperactivity, social and emotional problems predict screen time, it also revealed for the first time that SCT is among the predictors of screen time as a transdiagnostic dimension.

Co-authors:

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Virtual Reality intervention for improving social-emotional functioning in adolescents with DLD.

Abstract ID: 522

Presenting author: Elke Arts, *Radboud Universiteit BSI - Learning and Plasticity Nijmegen, THE NETHERLANDS*

Background/Objective

Adolescents with DLD demonstrate more difficulties in social-emotional functioning than their typically developing peers. However, treatment for adolescents with DLD usually focuses on improving oral and written language skills. Since it is proposed that language is not the only cause of social-emotional problems, treatment should also focus on improving social communication and the underlying cognitive processes (e.g., Theory of Mind, Executive Functioning, Inner Speech). To date, there is no appropriate 'social intervention' for adolescents with DLD. Social interventions for other neuropsychiatric disorders mainly consist of role-playing and hypothetical vignettes. This type of treatment is highly language based and requires adequate mentalizing skills, which makes it difficult for adolescents with DLD.

Method

Measurements of social-emotional functioning will be taken in the baseline (5 weeks) and intervention period (10 weeks). During the intervention period, adolescents will be weekly exposed to a 50 minutes during VR session. Based on preliminary data, the effects of the VR intervention will be discussed.

Results

During this symposium the Virtual Reality intervention will be introduced. In addition, data of the multiple-case multiple baseline pilot study will be discussed.

Conclusions

Virtual Reality (VR) intervention seems a promising technique to compensate for the observed linguistic and cognitive difficulties. VR intervention offers a real-world environment where adolescents with DLD can participate in social situations, to practice their ToM, regulatory, communication and social skills in

a coordinated, safe and controlled way. We will measure the effects of this VR intervention during the pilot study. During this symposium, data will be discussed.



Response inhibition performance and neural activation mediate the association between attention-deficit/hyperactivity disorder polygenic risk scores and ADHD symptoms

Abstract ID: 530

Presenting author: Gülhan Saracaydin, *University of Groningen Department of Child and Adolescent Psychiatry, University Medical Center Groningen Groningen, THE NETHERLANDS*

Background/Objective

Impaired response inhibition and associated altered neural activity are commonly present in individuals with attention-deficit/hyperactivity disorder (ADHD) and their unaffected relatives, suggesting impaired response inhibition as a candidate endophenotype in ADHD. Therefore, we explored whether behavioral and neural correlates of response inhibition are related to polygenic risk scores for ADHD (PRS-ADHD).

Method

We obtained functional magnetic resonance imaging of neural activity and behavioral measures during a stop-signal task while inattention and hyperactivity-impulsivity symptoms were assessed by the Conners' Parent Rating Scales. Our sample consisted of 178 ADHD-cases, 103 unaffected siblings, and 173 controls (total N=454; 8-29 years) from the NeuroIMAGE cohort.

Results

The results showed PRS-ADHD was associated with ADHD symptom severity, a slower and more variable response to Go-stimuli, and altered neural activity in several regions of the bilateral fronto-striatal network during response inhibition. Furthermore, mean reaction time and intra-individual reaction time variability mediated the association between PRS-ADHD and ADHD symptoms (total, inattention, and hyperactivity-impulsivity), whereas activity in the left temporal pole and anterior parahippocampal gyrus during failed inhibition mediated the relationship of PRS-ADHD with hyperactivity-impulsivity symptoms.

Conclusions

Our findings indicate that PRS-ADHD are related to ADHD severity on a spectrum of clinical, sub-threshold, and normal levels, and more importantly, show a shared genetic etiology between ADHD and behavioral and neural correlates of response inhibition. Mediation effects suggest that genetic liability to ADHD may adversely affect attention regulation on the behavioral level and point to a possible response inhibition-related neural pathway from PRS-ADHD to hyperactivity-impulsivity symptoms.

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Levels of Brain Glutamatergic Metabolites in Patients with NMDA Receptor Encephalitis Relative to Patients with Schizophrenia and Healthy volunteers: A 12 Month Follow-Up Study.

Abstract ID: 531

Presenting author: Gisela Sugranyes, Hospital Clinic Barcelona Child and Adolescent Psychiatry and Psychology Barcelona, SPAIN, IDIBAPS Clinical and Experimental Neuroscience Barcelona, SPAIN

Background/Objective

The N-methyl-D-aspartate receptor (NMDAR) hypofunction model of schizophrenia suggests that dysfunction of NMDAR could explain the manifestations characterising these patients. In NMDAR encephalitis (NMDARE), which holds clinical similarities with schizophrenia, autoantibodies target NMDARs, leading to increased levels of glutamatergic metabolites in brain tissue. No study so far has examined these disorders comparatively.

Method

Thirty patients with NMDARE, 22 with schizophrenia and 27 healthy controls(HC) were scanned with a 3T scanner and were clinically assessed at baseline and 12 months. Magnetic resonance spectroscopy quantified ratios of glutamate (Glu), and glutamate + glutamine (Glx) and n-acetyl aspartate (NAA) in a voxel placed in the middle frontal region and medial temporal lobe.

Results

NMDARE displayed decreased prefrontal Glu, Glx and NAA at baseline relative to HC and schizophrenia. At follow-up, NMDARE continued to display lower levels of glutamate and Glx but not NAA. For NMDARE, higher levels of Glu in the medial temporal lobe at baseline were associated with more neurological symptoms, yet higher NAA was associated with better psychosocial functioning. For schizophrenia, higher levels of baseline prefrontal Glx and Glu were associated with higher levels of PANSS general symptoms and poorer functioning.

Conclusions

Our findings confirm limbic and extra-limbic impact of NMDARE, and include the frontal lobe as a target region within the illness. NAA may act as a marker of clinical recovery while changes in glutamate and

Glx may be more enduring. The comparative study of schizophrenia and NMDARE has the potential to increase understanding regarding the role of NMDA receptor hypofunction in psychosis.

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Clinical factors associated to Social anxiety in children with ASD

Abstract ID: 538

Presenting author: Takoua BRAHIM, UNIVERSITY OF MONASTIR PSYCHIATRY MONASTIR, TUNISIA

Background/Objective

Social anxiety is considered one of the most common anxiety disorders reported in children with autism spectrum disorder. However, it seems difficult to make the diagnosis considering that social withdrawal is one of the core features of ASD. The aim of our study was to study social anxiety symptoms in children with autism spectrum disorder in a Tunisian population and to explore its mechanism.

Method

We conducted a transversal analytic study including 66 Children, aged 8-16 with high functioning ASD, followed in the outpatient child psychiatry at the University Hospital of Monastir, Tunisia. They were asked to complete the Arabic version of the Anxiety Scale for Children with Autism Spectrum Disorder which is a 24 item self-report questionnaire designed specifically for the assessment of anxiety symptomatology in children with ASD.

Results

The mean age of our population was 10 years old ± 1.8 . in 70% of cases, children reported pathological anxiety. Social Anxiety was one of the most frequent types of it. We found a positive correlation between social anxiety and age ($p=0.038$) as well as auditory hypersensitivity ($p=0.02$). The analysis of the associations between social anxiety and the dimensions of autistic symptoms according to the CARS had showed a relationship between Social Anxiety and Deficit in adaptation to change ($p= 0.004$) and Anxiety and fear dimension ($p= 0.04$).

Conclusions

Social anxiety is associated in most severe symptoms of ASD as well as sensory abnormalities. Taking

into consideration this comorbidity while treating children with ASD could be a mean to a better outcome.

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Unusual hallucinations of unknown neurological etiology or atypical acute polymorphic psychosis: case presentation

Abstract ID: 539

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Background/Objective

To review clinical data of pediatric patient with unusual psychiatric manifestation

Method

A case study of a 13 years old patient

Results

Patient was treated in in-patient department for sleep disorders, visual hallucinations, derealisation and depression. Her case was evaluated as acute polymorphic psychotic episode. She was prescribed Haloperidoli later changed to Aripiprazol. Her sleeplessness was treated with a single dose of tab. Diazepam following which not only her sleep but her overall condition improved. Since EEG was planned, the treatment with Diazepam was not continued. Patient's symptoms presented into two groups. The first would involve short paroxysms of several minutes length during which the patient would experience cognitive disturbances, become slower, she would not adequately react to conversational stimuli. The second group would involve longer (usually less than 20 minutes) intervals of paroxysms, involving disturbances of visual comprehension (experiencing moving ceiling, flickering walls, morphing own body parts). After discontinuing the medication patient's condition remained stable. Consecutive EEG showed generalized epileptiform/paroxysmic activity (against the background of treatment with Aripirazol). Brain MRI showed no pathological changes. ECG results after the discontinuation of Aripirazol also without pathological changes. Following the persisting psychotic symptoms the patient continued out-patient treatment with Risperidon.

Conclusions

since the majority of symptoms improved after a brief treatment with Diazepam, we suspected underlying cause was neurological condition. Risperidon was chosen as the safest treatment, since it did not involve changes in EEG. Following the treatment with Risperidon patient's condition improved.

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COVID-19 pandemic-related impact on externalising and internalising symptoms in subject with pre-existing psychopathology: preliminary results from Italy

Abstract ID: 541

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Background/Objective

To identify socio-demographic predictors of mental health symptoms course during the first year of Covid-19 pandemic in children and adolescents with pre-existing psychopathology.

Method

Parents of 317 children and adolescents aged 5-18 years, with pre-existing psychopathology, filled a baseline (T0= July to December 2020) and a follow-up (T1= March 2021) online survey assessing a broad range of mental health symptoms. Socio-demographic factors were also collected.

Results

At baseline, a lower socio-economic level (-.083; p.0.47) and living in rural area (-.093; p.020) were related to higher externalizing symptoms. At T1 externalizing symptoms negatively correlated with age (-.171; p.003). At baseline but not at the follow up, also severe internalizing symptoms occurred in patients with lower socio-economic level (.176; p.001) while older subjects showed higher internalizing symptoms during both times (T0: -.164; p<.001; T1: -.232; p<.001). Worries COVID-19-related did not correlate with any socio-demographic variable, in both questionnaires. Repeated measures analyses indicated the significant effect of age on the course of internalizing symptoms $F(1.299)=4.058$; $p=.045$]; patients aged 5–10y showed a significant worsening of internalizing symptoms at T1 compared to older patients who showed possible higher resilience in time.

Conclusions

Economic condition represents a risk factor for developing internalizing and externalizing symptoms during stressful situations such as those presented during the early period of pandemic. However, age represents the strongest predictor of psychopathology course with younger patients being the more at risky population for a worsening of internalizing symptoms through time while older subjects appear to have shown higher resilient abilities.

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An Online Survey of Factors Associated with Internet Use in Turkish Children and Adolescents during the Covid-19 Pandemic

Abstract ID: 542

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Background/Objective

Internet use has been a significant issue among children and adolescents during the Covid-19 pandemic. This study aims to explore relationships between school attendance, parent's occupation, internet addiction, anxiety, depression and chronotype characteristics.

Method

One parent was asked to fill out an online survey about their child which included data regarding sociodemographic characteristics, school attendance and internet use and Revised Children's Anxiety and Depression Scale (RCADS), Young's Internet Addiction Test Short Form (IAT-SF) and Childhood Chronotype Survey (CCS). The survey was conducted on November-December 2020.

Results

A total of 419 parents participated in the survey. The mean age of the participants was 10.77 ± 2.49 . 211 of the participants were girls and 208 were boys. 256 were reported to attend school during the 2020-2021 school year whereas 163 were reported not to attend. There was a significant correlation between IAT-SF score and both RCADS-Anxiety ($r=0.302$, $p<0.05$) and RCADS-Depression ($r=0.408$, $p<0.05$) subscale raw scores. There was a statistically significant difference in internet time as reported by the parent ($p<0.05$) and IAT-SF score ($p<0.05$) between children whose mothers work and children whose mothers do not work. Internet time as reported by the parent was associated with significant difference in age, RCADS Anxiety and Depression subscale raw scores, mean sleep time and eveningness score as quantified by the CCS and IAT-SF score ($p<0.05$).

Conclusions

Among the participants problematic internet use as quantified by IAT-SF was associated with age, mother's work status, anxiety and depression quantified by RCADS and chronotype characteristics quantified by CCS.

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Drawings: a therapeutic means to reach the self

Abstract ID: 545

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Background/Objective

Art has for long been used as a therapeutic tool for evaluation as well as intervention in mental health. Children's drawings, in particular, allow us not only to evaluate the psychomotor development of the kid, but they are also a lens through which to see how the child sees, experiences, and feels the world around, letting the therapist into their inner world.

Method

Driven by a clinical case in which the drawings were an important tool in assessing the psycho-affective development, we propose to make a review on the literature on the role of drawings in the therapeutic process as well as linking some aspects to the clinical case.

Results

Historically, drawings had an important communicative function, before language was developed. Therefore, drawings can be seen as a means of communication before verbal communication develops, particularly in children. Many authors have highlighted the important role of drawings in therapy with children, being used as a means to access the children's inner world. Beyond this function, Winnicott also highlighted the role of the creative process in emotional development and the construction of the true self.

Conclusions

In conclusion, drawings can be an important tool for the therapist to glance at the children's mental structure and functioning but also for the child to develop and discover the self.

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ELAL d'Avicenne©, promoting the language course of children and their families.

Abstract ID: 546

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Background/Objective

Even though many studies show that speaking several languages is a powerful affective, cognitive and social advantage, bilingual skills remain widely overlooked in daily counseling psychologists' practices. However, children learning the language from an ethnic minority group as well as the dominant language from their country might experience an affective conflict. Our objective is to show that promoting the languages of children and adolescents is a means to improve the quality of relations between children and adolescents and their families.

Method

At the Avicenne hospital, we have created a new tool designed especially for children who have bilingual and multicultural backgrounds. This tool, ELAL d'Avicenne©, is a quantitative and qualitative test for the evaluation of linguistics skills in the subject's native language. Thus, thanks to ELAL d'Avicenne©, we have taken an interest in the language course of children and their families, in a concrete way.

Results

ELAL d'Avicenne© shows us how important it is to take into account children skills in their first language and the context in which they grow up, and therefore to work with their family. Promoting family's languages enables the child to grow more confident in using his language so that he can feel relieved and successfully learn other languages, such as French. And we have easily access to the family's story into several generation.

Conclusions

This work shows that thanks to the bilingual assessment we have access to more the parcours langagier children and his family. This mediation helps us to better support families from elsewhere.



COVID-19 PANDEMIC-RELATED IMPACT ON WELL-BEING IN YOUTH WITH AUTISM SPECTRUM DISORDERS AND/OR INTELLECTUAL DISABILITY: PRELIMINARY RESULTS FROM ITALY

Abstract ID: 547

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Background/Objective

To evaluate the impact of COVID-19 pandemic on emotion, worries and behaviours of children and adolescents suffering from Autism Spectrum Disorder (ASD) and/or Intellectual Disability (ID).

Method

This is a multicentric, longitudinal, naturalistic study including 563 children and adolescents aged 3-18 years with a diagnosis of ASD and/or ID. A parent online survey collecting data about emotions and behaviours of children/adolescents was administered baseline (T0=July to December 2020) and at a follow up time (T1=February to April 2021) at 10 Italian sites.

Results

The strongest predictors of negative emotions and behaviours course at baseline were the IQ, age, time spent outdoor and the number of relatives at home. Higher distress related to pandemic restrictions and more severe externalizing symptoms ($r=0.06$; $p<0.0001$) were present in subjects with lower IQ; lower IQ also predicted more worries for health and economic conditions and more sleep problems ($r=0.09$; $p<0.0001$). Age negatively predicted social and general anxiety ($r=0.03$; $p<0.0001$) and economic worries, while older patients were more worried about physical and emotional health ($r=0.04$; $p<0.0001$). Quarantine implications, including time spent outdoor and number of cohabitants, negatively correlated with health worries and sleep problems respectively. At T1 distress related to quarantine measures and sleep problems both significantly improved compared to T0.

Conclusions

The identification of specific demographic and clinical variables may offer important suggestions for targeted interventions in the clinical care and monitoring of vulnerable patients during an emergency situation like that it is still ongoing. Follow up data support possible good resilient abilities in this population.

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The transcultural genogram

Abstract ID: 548

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Background/Objective

Society must make choices for children, and these choices are manifested in the implementation of social and political options. It is therefore important to advocate for the needs of children and their parents, and even more so when children are in vulnerable situations, such as cross-cultural circumstances. In recent years, more and more clinical work has been undertaken from a cross-cultural perspective with regard to migrant children and those with different family structures

Method

To help families cope with the challenges of their migration, during transcultural group psychotherapy, we often co-create the genogram in a transcultural way to help build a narrative filiation for children born here, to migrant parents, supporting their blending and re-establishing cultural networks of affiliation. This powerful, adapted mediation can effectively address the complexity of the migrant population.

Results

Marie Rose Moro team has built multidisciplinary interventions strategies at Cochin Hospital's in Paris, taking into account the cultural and social contexts of families and the specificities of the vulnerabilities encountered in these transcultural situations. We have developed different ways to practice transcultural interventions, based on a complementary method resorting to both psychoanalysis and anthropology. The transcultural genogram has been theorised to allow migrant's families to draw their transgenerational history according to the internal original cultural etiology of family.

Conclusions

The adaptation of the genogram according to the transcultural approach, allows for stories normally kept out from an individual setting to be revealed, whether they are about cultural etiological theories, pre and post migratory experiences, or transmission and hybridization issues.



NEUROLOGICAL, PSYCHIATRIC AND NEUROPSYCHOLOGICAL SEQUELAE IN CHILDREN AND ADOLESCENTS WITH PREVIOUS SARS-COV-2 INFECTION

Abstract ID: 549

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Background/Objective

Since the Coronavirus Disease-19 (Covid-19) spread, nervous system involvement of the disease has been described. “Long COVID” is defined by the persistence of neuropsychiatric problems after acute phase resolution. This study aimed to investigate neuropsychiatric sequelae of Covid-19 in children and adolescents and to identify possible predisposing factors.

Method

Patients with previous SARS-CoV-2 infection have been recruited from two pediatric university hospitals in Italy (Rome, Turin). Patients between 8 and 17 years old were included if they had a previous confirmed SARS-CoV-2 infection; they were excluded if they had previous neuropsychiatric diagnosis before infection. Demographics and clinical characteristics were collected. Headache, sleep, depression, and anxiety were assessed through standardized self-report tests, while general psychopathology with parent report tests. Extensive neuropsychological evaluation (attention, executive functions, memory) was performed by trained clinicians.

Results

The majority of patients (total sample of 50) have visual (40%) and auditory (52%) attention, response set (60%) and visual-spatial (40%) and verbal (51%) memory scores lower than norm, with lower scores among females. Older patients (12-18) obtained lower scores compared to younger ones (8-11 years old). 48% of patients reported symptoms of anxiety. Hospitalized patients presented better neuropsychological performances and less anxiety symptoms than patients treated at home. All other areas explored were not clinically significant.

Conclusions

Neuropsychiatric long-term sequelae involve attention, executive functions, and memory, rather than neurological or psychopathological areas. Further studies are needed to deeply describe “long Covid” in the pediatric population.

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Hot and Cold Executive Functions in patients with Autism Spectrum Disorder without Intellectual Disability: preliminary results

Abstract ID: 551

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Background/Objective

Children and adolescents with Autism Spectrum Disorder (ASD) often present executive function (EF) deficits. However, data on "hot" EFs are still inconsistent. To compare the functioning of ASD subjects in some domains of cold and hot EF (set-shifting, social decision-making, moral-judgment) with typically developing children (TDC).

Method

This case-control study included an ASD group with normal intelligence (N=34) and matched controls (N=40), aged 10 to 17 years 11 months. All participants performed a neuropsychological test battery including Intra-Extra Dimensional Set Shifting, New Cambridge Gambling Task and Moral Judgment Task.

Results

ASD present "cold" EFs comparable to TDC. In the "hot" decision making task, the influence of reward or punishment condition on risk taking behaviour was significant only in the ASD group [$F(1,32)=4,387$; $p=.044$]. Compared to TDCs whose risk taking behaviour is only based on the probability to receive a gain in both reward [$F(1,72)=6,018$; $p=.014$] and lose [$F(1,72)=5,631$; $p=.023$] conditions, ASDs are conditioned by probability to receive a gain only when they are almost certain to obtain a gain in reward condition. In Moral Judgment, compared to controls, ASD subjects show lower levels of annoyance when they identify themselves with the victim of an intentional or causal injustice ($p=.007$) and lower levels of guilt when they assume to be the agent of intentional injustice.

Conclusions

The results of the present study suggest that in absence of deficits of cold EFs, ASD subjects may show poorer hot decision-making abilities, conditioned by intolerance of uncertainty and attenuated emotions following moral evaluation of the situation.

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Psychosocial impact of the COVID 19 lockdown on a representative sample of Tunisian families

Abstract ID: 552

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Background/Objective

The impact of the lockdown on family functioning, and parents and children's mental health is what this research aims to study.

Method

This cross-sectional study using a representative sample of Tunisian households that had at least one child aged between 5 and 15 years, was conducted two months after the end of lockdown. Participants, contacted by phone, responded to a questionnaire, designed by the authors to assess family dynamics and feelings of anxiety in themselves and their children.

Results

A total of 979 parents constituted our sample, divided roughly in half regarding gender. A third of families endured the absence of one parent due to travel restrictions. Half of fathers had to stop working or lost their jobs during the pandemic. This was significantly correlated with feelings of anxiety ($p=0.002$) and lack of control of the situation ($p=0.001$) in fathers. Increases by 1% were noted in both direct and indirect domestic violence against the child when compared to rates before lockdown. Only 6.4% of children had access to online schooling and half were not able to maintain a structured daily routine. Nearly 60% of children showed expressions of anxiety linked to the pandemic, while 34% had anxiety about situations that had not been worrisome before. Significant correlations were found between anxiety symptoms in children and all items of the questionnaire exploring anxiety in the parents ($p<0.001$).

Conclusions

The findings highlight the vulnerability of children in society, when faced with a collective threat.

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Sleep and mood patterns during COVID-19 pandemic in early adolescents

Abstract ID: 554

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Background/Objective

The COVID-19 pandemic has affected the daily lives of children and adolescents drastically. Schools and leisure activities were closed for multiple weeks in the past two years. Consequently, opportunities for social interaction and social learning decreased. These changes in the social context may particularly affect children who are in the transition to adolescents, as adolescence is a crucial period for peer interactions. The aim of the present study was to examine the impact of school closure on early adolescents' mood, sleep, physical and social activities.

Method

In the current study, 60 early adolescents (9-12 year) participated in a daily diary study that was conducted in two time periods during the COVID-19 pandemic in the Netherlands: (1) four separate weeks during the first lockdown (April 2020–June 2020) and (2) one week during the second lockdown (January 2021). Participants rated their mood, sleep quality, peer interactions, and physical activities once a day.

Results

Here, we will present the data and will show how mood and sleep changed over the different weeks of the first lockdown, which was characterized by differences in social containment measurements. Moreover, we will show how mood and sleep evolve during the continuation of the COVID-19 pandemic. Second, we will relate changes in mood and sleep to each other as well as to social and physical activities.

Conclusions

This study will add to the growing body of literature aiming to understand how adolescent's life are affected by the COVID-19 crisis and aims to illustrate the importance of social connectedness to adolescents' well-being.

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Cold executive functions of children and adolescents with CD/ODD: results from the MATRICS project

Abstract ID: 556

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Background/Objective

Aggressive children and adolescents with Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) may exhibit different levels of deficits on “cold” executive functions (EFs). However, the proportion of the different deficits and the effects of medications on specific EFs have not been completely clarified yet.

Method

Within the European MATRICS (Multidisciplinary Approaches to Translational Research In Conduct Syndromes) project, a CD/ODD cohort and a Typically Developing controls (TDC) cohort (10-17 y, normal IQ) were compared in a multicentre case-control study, followed by a single-blind, placebo-controlled, acute dose, cross-over, randomized medication challenge (involving CD/ODD group only), in which the effects of methylphenidate, atomoxetine, risperidone and aripiprazole were investigated. The neuropsychological assessment included tasks from the CANTAB battery (Intra-Extra Dimensional Set Shifting, Rapid Visual Information Processing, Delayed Matching to Sample).

Results

Analysis of a sub-sample of aggressive CD/ODD group (63) compared to TDC showed lower abilities in visual sustained attention and matching and short-term visual memory. Measures of visual discrimination, maintenance, shifting and flexibility of attention did not differ between the two groups. Within the CD/ODD group, patients with higher Callous-Unemotional traits did not show any difference in cold EFs. In this sub-sample, compared to placebo and to baseline, single doses of the investigated drugs did not have any effect on the selected outcome measures.

Conclusions

CD/ODD subjects present significant deficits in cold EFs. Single doses of medications frequently used in clinical practice to manage aggression might not improve these abilities but do not induce significant cognitive deterioration.

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Self harm in primary school children pre and post COVID restrictions

Abstract ID: 557

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Background/Objective

The COVID-19 pandemic and associated school closures may have adversely affected children's mental health. However there are limitations to some existing studies, such as the use of open/unlimited online data collection with unknown response rates and a lack of pre-COVID-19 comparative baseline data.

Method

We used the "My Feelings Form" (MFF) to measure emotional wellbeing in one mixed-gender primary school, with children aged 5-13 years in June 2019 (pre-COVID-19) and children aged 8-13 in June 2020, during the first lockdown. The study received prior university ethics committee approval. The MFF is a 14-item colourful self-report measure; children are asked to rate their feelings and rate statements such as "I hurt myself on purpose", "I have worries", "I feel sick", "I'm afraid". Data collection was in the classroom in 2019 and via postal survey in 2020.

Results

The MFF was completed by 314 children in 2019 (87% response rate); 23% acknowledged “I hurt myself on purpose” at least “a little.” The MFF was completed by 83 children aged 8–13 in 2020 (35% response rate) and compared with same-aged 2019 data. Children in 2020 reported that they were less likely to hurt themselves on purpose, though this was not statistically significant (mean = .12 +/- .40 vs score of .30 +/- .62, mean difference = -.181). We found no evidence of a change in mean MFF measures between 2019 and 2020.

Conclusions

We found no evidence of an increase in mental health difficulties or self-harm in primary school children during the first COVID-19 restrictions.

Co-authors:

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Impact of the COVID-19 pandemic on the risk of developing psychopathology in children in Portugal: a cross-sectional study

Abstract ID: 558

Presenting author: *Iolanda Faustino, Hospital Dona Estefânica Child and adolescent psychiatry Lisbon, PORTUGAL*

Background/Objective

This study is based on preliminary data from a 2021 survey of parents with children aged 3-13 years at the time of SARS-CoV-2 infection. Our aim is to understand the consequences of SARS-COV-2 infection on children's mental health, particularly the relationship between long-COVID symptoms and risk of psychopathology.

Method

Using the Strengths and Difficulties Questionnaire (SDQ) and survey data, we used multiple linear regression models to explain the variation in the total SDQ score and the variation in its five components - emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. We used explanatory variables selected according to current literature and other empirical studies, such as age, gender, household changes, confinement, length of stay, previous mental health care, and long-COVID symptoms (such as headaches, sleep problems, focus and concentration problems and fatigue).

Results

Results showed that age was not statistically significant in any of the estimated models. This could be due to the narrowness of the age range of the sample, being between 3 and 13 years old. The gender variable proved to be significant in three models (total SDQ, conduct problems and hyperactivity/inattention) and according to our results, girls have fewer problems when compared to

boys. Surprisingly, the variable length of stay had a negative correlation coefficient, which could mean the longer the length of stay, the lower the risk of psychopathology.

Conclusions

In conclusion, the results suggest intensive care admission and long-COVID symptoms increase the risk of psychopathology.

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School attendance problems and mental disorders: An international study in Dutch and German children and adolescents

Abstract ID: 561

Presenting author: Bas de Veen, *Karakter, kinder- en jeugdpsychiatrie Wetenschappelijk onderzoek Nijmegen, THE NETHERLANDS*

Background/Objective

School attendance problems have a negative impact on psychosocial functioning and development across the lifespan of a child, especially in combination with psychiatric problems. This international study investigated factors predicting unauthorized school absence (USA) in a clinical psychiatric sample of Dutch and German children and adolescents. Findings in this study are preliminary and under analysis.

Method

In this cross-cultural-sectional one measure study patients, aged 7-18 years old (mean age=13.0, 55,4% male), were recruited from Dutch and German child psychiatric centers during March-June 2019 using convenience samples. Parents completed a socio-demographic questionnaire, Strength-Difficulty-Questionnaire (SDQ), School-Non-Attendance-Checklist, and diagnoses were added to the data. A total sample (n=362) from three clinical samples of Dutch (n=159) and German (n=203) children and adolescents was analyzed for associations between USA and potential confounders, SDQ-scales and diagnosis.

Results

In the total sample only 33% reported regular school attendance in the past four weeks. Of participants reporting USA, 45% reported at least 1 day, and 23% reported more than 10 days of USA. High emotional symptoms were associated with higher odds of USA. Patients with psychotic disorders, or mood disorders had a slightly higher risk for not attending school. We also found a significant association between personality and behavior disorder, and USA. Lastly, higher age and being male were associated with severe USA.

Conclusions

With high rates of USA in psychiatry more awareness of school attendance problems by clinicians is needed to prevent disparities. This international cooperation is instrumental to improve quality of care for this group in our two countries.

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Written language production in schizophrenia adolescents. Artwork Essay task.

Abstract ID: 562

Presenting author: Evgeny Shvedovskiy, *Mental Health Research Center Department of Clinical Psychology Moscow, RUSSIA, Moscow State University of Psychology & Education Federal Resource Center for the Organization of Comprehensive Support to Children with ASD Moscow, RUSSIA*

Background/Objective

Language impairments in severe types of schizophrenia are manifested both in productive and negative symptoms. At the same time, we observe milder disorder forms, which also have its own language profile. On the other hand, clinicians often experience difficulty in differentiating neurotypical manifestations of adolescent crisis and schizophrenia onset. Present study objective to the revealing written language features in non-psychotic schizophrenia adolescents.

Method

Clinical group (CL_G): Patients of Moscow psychiatric clinic (12-17 y.o., mean age 13,9), diagnosed with F20.xx, F21.xx (N=21, 9 boys, CL_G). Exclusion criteria - acute state. Control group (CO_G): neurotypical peers, educated in middle school (12-17 y.o., mean age 14,2, N=20, 8 boys, CO_G). All participants were Russian native speakers. In order to study written speech, the original technique "Artwork Essay" (AE) was used: artwork "The Hunters at Rest" by Russian painter V.Perov. Instruction – write 10 phrases by the picture. Number of words (AE_W), nouns (AE_N), verbs (AE_V) and adjectives (AE_A) were evaluated. For statistical analysis IBM SPSS Statistics 23 used.

Results

Means of AE_W: CL_G=63,25, CO_G=93,27. The difference in AE_W parameter is significant ($t = 3,4$). Written language is more productive in controls. Means of AE_N: CL_G=18,05, CO_G=29,5, the difference is significant ($t = 3,5$). Means of AE_V: CL_G=11,1, CO_G=14,4. $t = 2,3$, that differences are uncertain. Means of AE_A: CL_G=5,35, CO_G=8,18, $t = 1,6$ that differences are non-significant.

Conclusions

Revealed, that written language in mild schizophrenia adolescents is qualitatively reduced at the morphological level of language organization, certain parts of speech (verbs, adjectives) do not show a similar pattern.

Co-authors:

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Sensory integration problems in DMDD youths

Abstract ID: 563

Presenting author: *Hélène LAHAYE, Amiens University Hospital Child and adolescent Psychiatry Amiens, FRANCE*

Background/Objective

Difficulty modulating sensory information has been described in children with developmental disorders. However, the relation of Sensory Processing Difficulties (SPD) to emotional regulation problems remains poorly understood. The aim of this study is to determine the rate and patterns of SPD in youth with Disruptive Mood Dysregulation Disorder (DMDD).

Method

Participants were DMDD patients aged 6-16 presenting at a University Hospital in outpatient or inpatient facilities ($n=30$). The scores of the Sensory Profile of the DMDD youths were compared to those obtained in a clinical control group and to the manual scores for same-age typically developing youths.

Results

SPD were reported in 53% of the subjects in the DMDD group. Youths with DMDD showed a significant difference on almost all items of the Sensory Profile compared to typically developing youth. All types of sensory processing patterns were reported in the DMDD youths: sensation avoiding (40%), low registration (27%), sensory sensitivity (20%), and sensation seeking (10%).

Conclusions

SPD could be an important factor to consider in youths with DMDD when providing comprehensive assessment and therapeutic interventions.



XPLORA: An Intensive Case Management Program.

Abstract ID: 565

Presenting author: Vanessa Pera

Background/Objective

XPLORA is an intensive case management program developed in Children's Mental Health Public Service at Sant Joan de Deu Terres de Lleida, Spain. It aims to attend teenagers and young adults, aged between 12 and 19, that might be suffering a severe mental disorder but are not engaged to the mental health service or other networks (educational and social networks) in the area of Lleida.

Method

Our team, formed by a nurse, a social educator, a clinical psychologist and a psychiatrist, provides multi-professional help in the nearby environment of the youth and their relatives.

Results

In 2021 26 teens were attended with clinical high risk condition to get involved in their community and properly bond to the mental health sources. Since we started Xplora interventions, tens of teens have been integrated in the mental health service and community

Conclusions

Due to their low motivation to ask for help or/and their difficulties to get involved in their social and education roles, these youth are usually locked in their houses without receiving any support. This condition can alter the trajectory of young person's ongoing mental health and general functioning. Further goals, but not less important, were to motivate them to achieve their personal goals like search for studies or finding a job, to improve their working capacity, to improve their social skills and to start a constructive dialogue with their family members in order to find a common approach to the difficulties.

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TREATMENT OF CHILDREN AND YOUTH IN THE PANDEMIC RANGE

Abstract ID: 566

Presenting author: *Natasa Ljubomirovic, Institute of Mental Health Department for Child and Adolescent Psychiatry Belgrade, SERBIA*

Background/Objective

The Corona Virus pandemic (COVID-19) and protection measures such as restrictions on movement, isolation, social distancing and the wearing of protective equipment have disrupted the lives of children, young people and families around the world. Due to their chronic and new mental difficulties caused by the pandemic, many children and young people needed the support of mental health professionals. However, the protection measures prescribed to mitigate the spread of the virus also affected the work of health services, and thus the work of the child psychiatry service.

Method

In order to create space for emergency care for people infected with the virus, children's and adolescent psychiatric wards have been reduced, certain clinics have been closed, and psychiatric support systems have been almost abolished.

Results

We present our experience through the two year period.

Conclusions

The biggest challenge was for the psychiatric hospital to maintain its basic mission of providing assistance to children and young people with mental disabilities, and at the same time to provide relief to overburdened general medicine services.



Sensory processing difficulties associated with hypermobility spectrum disorders in youths: a case series

Abstract ID: 567

Presenting author: *Vladimir Ferrafiat, Marseille-Nord University Hospital Child and Adolescent Psychiatry Marseilles, FRANCE*

Background/Objective

Youths with Disruptive Mood Dysregulation Disorder seem to have more sensory processing difficulties (SPD) when compared to typical youths. SPD could impact emotion regulation through the general access to body pattern and coordination. Interestingly, patients suffering from hypermobility spectrum disorders with joint hypermobility the hallmark of various hereditary connective tissue disorders, often exhibit Developmental Coordination Disorder (DCD) and higher rates of learning disabilities, and attention deficit-hyperactivity disorder.

Method

As DMDD patient are more likely to present multiple learning disabilities and could share similarities

with youth DCD, we consider that any youth with DMDD admitted in our unit would be clinically assessed to assess joint hypermobility.

Results

We report a mini-series of 4 patients with severe DMDD, multiple learning disabilities and hypermobility spectrum disorders.

Conclusions

This report highlights: i) the importance of full clinical assessment targeting joint mobility, skin abnormalities, psychomotor development, and family history of motor disabilities and hypermobility; ii) the positive impact of occupational therapy sessions and physical interventions targeting hypermobility and sensory-integration issue, with possible positive effect of cooccurring motor and learning difficulties.



Compression garments in youths with ASD and severe proprioceptive dysfunction

Abstract ID: 568

Presenting author: Vincent Guinchat, *Vaud University Hospital Psychiatric Unit for Mental Development Lausanne, SWITZERLAND*

Background/Objective

Compression garments (CGs) are an adjuvant treatment for generalized joint hypermobility (GJH), including the Ehlers–Danlos syndrome/hypermobility types. Such troubles also have psychiatric correlates. They may be comorbid to autism in a sub group of patients and affect the sensory-processing maturation by impeding their proprioceptive control, and increasing chronic pains or discomforts.

Method

We will report our experience on the use of CGs in individuals with autism and severe proprioceptive dysfunction (SPD), including individuals with GJH, to control posture and challenging behaviors.

Results

The use of CGs was associated with lower rate of challenging behaviors in this group.

Conclusions

We will underline the necessity to focus on physical therapy in this group of autistic patients.



Subclinical binge eating symptoms during early adolescence and its preceding characteristics: A population-based study

Abstract ID: 572

Presenting author: Ivonne Derks, Erasmus University Rotterdam Department of Psychology, Education and Child Studies Rotterdam, THE NETHERLANDS

Background/Objective

In line with DSM-5 diagnostic criteria, studies generally examine binge eating as a combined measure of overeating and loss of control (LOC) eating, although these symptoms can also be present independently. The current study examined the prevalence and preceding factors of subclinical binge eating symptoms in early adolescence, when these symptoms start to emerge and become ingrained habits.

Method

Data from the population-based Generation R Study in the Netherlands were used. At the age of 14 years, 3595 adolescents self-reported on binge eating symptoms and compensatory behaviors. Preceding factors included emotional and behavioral problems, eating behaviors and BMI at the age of 10 years.

Results

Of the adolescents, 12.6% reported subclinical binge eating symptoms in the past three months (3.4% overeating, 7.0% LOC eating, 2.2% both, i.e. binge eating). The binge eating group showed most compensatory behaviors (e.g. exercising, skipping meals), followed by the LOC eating group. Emotional and behavioral problems, restrained eating and a higher BMI at age 10 years were associated with more LOC and binge eating at age 14 years, but not with overeating only. Emotional eating predicted later overeating, LOC and binge eating.

Conclusions

Among Dutch adolescents, binge eating and compensatory behaviors were quite common. Considering the overlapping correlates of LOC and binge eating compared to overeating only, LOC eating seems the most salient component of binge eating. Thus, prevention strategies should focus on LOC eating and its risk factors to hamper the development of binge eating.

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Digital indicated addiction prevention among young refugees: Participatory development process of a culturally sensitive

smartphone app to reduce problematic alcohol and / or cannabis use.

Abstract ID: 575

Presenting author: Lina-Sophia Falkenberg, *Catholic University of Applied Sciences NRW German Institute for Addiction and Prevention Research Cologne, GERMANY*

Background/Objective

Refugees are at increased risk for developing mental health conditions, including substance-related disorders. Culturally adapted digital health interventions (DHI) can reduce both structural and socio-cultural barriers to health promoting interventions. The aim is to promote the acceptance and usability of a DHI in the form of a smartphone app for indicated addiction prevention among young refugees between 18-35 years of age with problematic alcohol and/or cannabis use via cultural adaptations and a participatory development process.

Method

The participatory development process of the DHI consisted of a literature review, formative research (focus groups, consultation and exchange meetings) and concept development as well as technical implementation in an iterative process (including piloting and user testing with young refugees).

Results

The DHI was successfully developed in the form of the multilingual BePrepared app and published in the Google Play Store on January 22, 2021 for conducting a feasibility study. Preliminary analysis shows 212 downloads through December 2021, with a dropout of 53.8% prior to confirmation of flight background during baseline measurement T0. The 31 users with refugee background to date initially used the app in four of the five languages offered; i.e. German (51.6%), Arabic (32.3%), Farsi (6.5%), English (9.7%), Pashto (0%).

Conclusions

Within a range of other much needed interventions, DHIs can provide a low-threshold service within a broader prevention landscape that can create access and promote mental health among vulnerable and hard-to-reach target populations.

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Therapist and their patients in the time of the Covid 19, on this and that side and with each other

Abstract ID: 578

Presenting author: Olivera Aleksic Hil, *Institute of Mental Health Department for Child and Adolescent Psychiatry Belgrade, SERBIA*

Background/Objective

In addition to the serious threat to somatic health (related to covid disease 19), through two years we were constantly confronted with internal human fragility during the pandemic. Social isolation, loneliness, flooding with catastrophic, often paradoxical information in some cases led to pronounced anxiety, mixed with fear, depressed ideation, somatization, feelings of helplessness, blocking the process of mentalization. Fear that we will get sick, that we will make others sick, that we will all be abandoned, that we will be helpless, dependent on caregivers, lonely in a disease we understand so little about, that we will experience health, social, economic breakdown and eventually die on appliances, completely alone in some people led to severe mental breakdowns. .

Method

We analyze the attitudes of therapists of different orientations about experiences in working with patients during a pandemic.

Results

An attempt to use psychoanalytic theory to examine the impact of the COVID-19 pandemic on an individual's mental health certainly brings us back to Winnicott's work, and points to the complexity of sophisticated mental phenomena.

Conclusions

Under such conditions, with overwhelming anxiety, as is the case during a pandemic, there is an increased need to find universally recognized preventive authority, which can be achieved in two ways: by confronting oneself, with demanding internal resources and great internal maturity. in the way of thinking, or in relation to external resources, and from which protection is sought and in which the individual sees security and power which strengthens (self) defense against anxiety.



The effectiveness of Non-Violent Resistance for juveniles with Mild Intellectual Disability

Abstract ID: 580

Presenting author: Marianne Kasius, PG Youz De Banjaard The Hague, THE NETHERLANDS

Background/Objective

Non-Violent Resistance: a systematic approach helping caregivers, parents, teachers and staff of mental health care facilities to better cope with juveniles problematic behavior by restoring the troubled relationship. NVR primarily works on changing the caregivers behavior instead of focusing on changing the child's behavior. NVR teaches a basic attitude and specific interventions. Central tenets of NVR are Presence, De-escalation, Rebuilding relationships, Support and Active resistance.

Method

Guidelines for effective Interventions MID recommends: Extensive diagnostics, Adjustment in communication, Concrete exercises, Restructuring and simplification, Network and generalization and a Safe and positive learning environment. These guidelines were used to develop an NVR-MID version and later adapted for use with staff in MID residential settings to set up an effect study.

Results

The Interviews with NVR MID trained staff after working with the method for a while reported increased stability in the teams and on units. Lifting of the team spirit by enhancing the "we-feeling" was reported Aggressive incidents declined and openness of group climate as reported by juveniles themselves was enhanced. Questionnaires to measure effectiveness of NVR MID were adjusted to be used with MID population.

Conclusions

Results from the adaptation, impementation and study gives first evidence that NVR-MID may be an effective method to be implemented on a larger scale into residential youth care settings for juveniles with MID in order to enhance group climate and diminish aggressive incidents Furthermore, it might have an influence om enhancing team-spirit and staff feeling of belonging together.



Variants in the Leptin-Melanocortin System in Patients with Anorexia Nervosa

Abstract ID: 588

Presenting author: Luisa S. Rajcsanyi, University of Duisburg-Essen 2Department of Child and Adolescent Psychiatry and Psychotherapy Essen, GERMANY

Background/Objective

Body weight regulation is modulated by the leptin-melanocortin system. Mutations in the leptin (LEP) and melanocortin-4-receptor (MC4R) genes are known to disrupt the regulation of energy homeostasis and are mainly associated with severe monogenic forms of obesity. A Mendelian randomization study implied that low leptin levels can constitute a risk factor for anorexia nervosa (AN). Thus, mutations in LEP and its downstream target MC4R might be relevant for AN.

Method

We screened the coding region of LEP and MC4R in 473 female patients with AN and 445 healthy-lean controls. Putative functional implications were analysed utilizing in silico tools (e.g. SpliceMan and MutationTaster2021).

Results

We detected one rare non-synonymous leptin mutation (p.Val94Met, rs17151919) in a patient with AN (34 years of age, 15.94 kg/m²). In silico analyses revealed a protein destabilizing effect. We further identified two rare heterozygous synonymous variants in LEP in patients with AN (rs201523305 and novel SNP g.128154532C/T) and an additional synonymous SNP in the lean group (rs13306517). In

MC4R, five non-synonymous variants were detected in total. One non-synonymous variant (rs13447331) was detected in one patient with AN (13 years of age, 15.51 kg/m²) and was predicted to be deleterious. Additionally, one synonymous (rs768051051) and one frameshift variant (rs13447338) were detected in patients with AN and one novel synonymous SNP (g.60371773C/T) in one control.

Conclusions

Previous studies have indicated that gain-of-function mutations in MC4R predispose to a lower BMI and impaired leptin secretion was associated with low leptin levels and obesity. Functional studies pertaining to the detected variants are currently pursued.

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The effectiveness of Non-Violent Resistance for juveniles with Mild Intellectual Disability

Abstract ID: 597

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Background/Objective

To research Work- and Group Climate & Agressive Incidents in Residential Settings (for MID) after NVR implementation in different institutions a quasi-experimental stepped wedge design was used.

Method

A quasi-experimental stepped wedge design was used as an advanced variant of a pre-post design, as random allocation to different conditiones was not desirable. The stepped wedge design is a widely used design that is ideally suited for effectiveness studies in a clinical practice

Results

The advantage of this design is that each cluster functions as its own control group and the phased implementation per cluster ensures that the measurements are independent of any other event in the implementation period. Potential influences of other events are more easily detected and can therefor be controlled. Pragmatically it's a favorable design because different participating institutions do not have to be trained at the same time, which greatly enhances the feasibility of such a study.

Conclusions

Special Study design will be discussed in this part of the symposium: In each institution there were three stages: 1. Before NVR-MID training 2. During NVR_MID training 3. After NVR-MID training Each stage was introduced into the institutions at a different time point. There were two pre-training measurements (T0, T1), three during training measurements (T2, T3, T4) and two post-training measurements (T5, T6). The training of staff in the NVR-MID method covered a total of 9 months (T2, T3, T4)



The effectiveness of Non-Violent Resistance for juveniles with Mild Intellectual Disability

Abstract ID: 598

Presenting author: Katharina Visser, PG Youz De Banjaard The Hague, THE NETHERLANDS, Amsterdam UMC Child & Adolescent psychiatry Amsterdam, THE NETHERLANDS

Background/Objective

Adapting Non-Violent Resistance for juveniles with a Mild Intellectual Disability in the residential setting: A qualitative study

Method

Aim of the study was to investigate whether trained NVR group workers consider that an adaptation of NVR for Juveniles with MID in a residential setting is needed and feasible and how this adaptation should look like. This was done in a qualitative manner: interviewing group workers of a residential

setting, using semi-structured interview based on a topic list. Participants from three residential settings were interviewed with saturation of information after 12 interviews. A semi-structured topic list was drafted by the researchers, covering suitability and adaptation for the MID population

Results

After being transcribed verbatim, the interviews were coded three times according to the qualitative coding model as described by Boeije (2005). The core themes extracted from the interview data, were 1. Necessity of adaptation for MID 2. Feasibility of an adaptation of NVR for MID 3. Important aspects for a successful MID adaptation

Conclusions

Concrete input to apply an adaptation and development of a specific NVR-MID training for residential staff.



Non-Violent Resistance: A new approach to violent and self destructive children with MID

Abstract ID: 599

Presenting author: Corine Van Vliet, PG Youz De Banjaard The Hague, THE NETHERLANDS

Background/Objective

NVR was developed by the Israeli psychologist Haim Omer and colleagues initially to support parents of children with behavioral problems. To use this intervention in a group with both psychiatric problems and MID an adjustment was needed and developed for use in child and adolescent psychiatric practice.

Method

For each of the central Tenets of NVR: Presence, De-escalation, Rebuilding relationship, Support and Active resistance adaptations were applied using recommendations from the (Dutch) Guideline effective interventions for juveniles with MID.

Results

Case based examples of factors that play a role in feasibility and effectiveness of the NVR MID intervention: Clear Language Visual support for explanation Repetition Experiencing it by practicing Increase generalisation by involving multiple areas of life

Conclusions

NVR-MID seems both effective in creating a more positive environment and decreasing problematic behavior in children and adolescents with MID. Furthermore with adjusted instruments children and adolescents themselves can be included in research of the NVR MID adaptation. Even the group with the lowest IQ scores (e.g, 50) were able to reflect on their behavior and changes in environment



Parent Training Programs for Toddlers with ASD

Abstract ID: 603

Presenting author: Sabri Herguner, *Herguner Autism Clinic OYNA Program Ankara, TURKEY*

Background/Objective

During Covid pandemic, tele-health interventions demonstrated that they are highly efficacious and cost-effective. The aim of this clinical perspective is to discuss parent-mediated programs for children with ASD and share our experience on OYNA program.

Method

Parent-Mediated Intervention for ASD (OYNA) Program is group-parent training which aims to improve interaction, play, imitation, and communication skills of preschool children with ASD. It is an 8-week tele-health intervention that was developed for parents of children with ASD symptoms aged between 15-60 months.

Results

Over 300 parents have participated to OYNA program during pandemic. According to the results of the satisfaction surveys given to the families at the end of the program all of the parents stated that they were very satisfied with the program and recommended it to other families.

Conclusions

Results are showing that it is a efficacious and satisfactory program for children and parents.



Parent Training Programs for Toddlers with ASD: Effects on Parents

Abstract ID: 604

Presenting author: Savas Yilmaz, *Private Practice OYNA Program Yalova, TURKEY*

Background/Objective

Studies conducted with parent-mediated training programs for children with ASD showed that parents had high levels of satisfaction. It was reported that such interventions had increased parent-child relationship, children's social-communication skills and parents' quality of life. The aim of this presentation is to examine the effects of OYNA program on parents' (both fathers and mothers) stress, anxiety, depression and autistic trait levels.

Method

All parents filled out the Depression, Anxiety and Stress Scale - 21 (DASS-21) and Broad Autism Phenotype Questionnaire (BAPQ). DASS-21 is designed to measure the emotional states of depression, anxiety and stress. The BAPQ was designed to measure aloofness, rigidity and pragmatic language deficits. Both measures were filled out before and after the program.

Results

Totally 77 mothers and 72 fathers attended to the study. It was shown that stress and anxiety scores of the DASS-21 of the parents decreased significantly after the intervention. On the other hand, BAPQ scores did not change. Regression analysis revealed that higher BAPQ scores mediated the anxiety levels after the intervention.

Conclusions

Our findings indicate that parent mediated intervention (OYNA) has positive effects on anxiety and stress levels of parents of children with ASD.



Parent Training Programs for Toddlers with ASD: Effects on Childrens' Social Communication Skills

Abstract ID: 605

Presenting author: Sümeyra Fırat, *Madicalpark Hospital Child Psychiatry Samsun, TURKEY*

Background/Objective

Parent-mediated intervention programs are cost-effective strategy to increase access to evidence-based ASD intervention. Teaching parents to provide intervention themselves can increase the number of intervention hours a child receives and has been shown to result in improvements in child social-communication skills. During Covid pandemic, tele-health interventions demonstrated that they are highly efficacious and cost-effective. The aim of this clinical perspective is to discuss effects of OYNA program on social-communication skills of children with ASD.

Method

Before and after the OYNA Program, parents filled out the Social Communication Checklist-Revised (SCC-R) which aims to assess the development of children with ASD in the areas of social engagement, expressive language, receptive language, imitation, and play. Video recordings of mother-child interaction were analyzed using the Turkish versions of the Maternal Behavior Rating Scale (MBRS) and the Child Behavior Rating Scale (CBRS).

Results

77 children (53 male, 24 female) with a diagnosis of ASD based on DSM - 5 criteria have attended to the study. The mean age of the participants were 34.6 (15-60) months. Results showed that social engagement, imitation and play scores of the SCC-R and MBRS and CBRS scores increased significantly after the intervention.

Conclusions

Our results show that OYNA Program has positive effects on social-communication skills of children with ASD.



An EEG study on the effects of Methylphenidate on dynamics of cognitive task-based functional connectivity in youth with ADHD

Abstract ID: 616

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Background/Objective

Global functional networks effects of Methylphenidate in Youth with Attention Deficit/Hyperactivity Disorder Abstract Background: Methylphenidate (MPH) is the leading drug for treatment of attention deficit/hyperactivity disorder (ADHD), yet its underlying neuronal mechanisms are still unclear. We used a dynamical brain networks approach to explore the effects of cognitive effort and MPH on ADHD subjects.

Method

Electroencephalography data were recorded from 19 ADHD subjects and 18 controls during a Go/No-Go Task. ADHD subjects completed the task twice a day over 2 days. The second session was administered post-ingestion of placebo/MPH (alternately). Controls performed two tasks in 1 day. The data were divided into 300 ms windows from 300 pre-stimulus until 1200 ms post-stimulus. Brain networks were constructed per subject and window, from which network metrics were extracted and compared across the experimental conditions.

Results

We identified an immediate shift of global connectivity and of network segregation after the stimulus for both groups, followed by a gradual return to baseline. Decreased global connectivity was found to be 400–700 ms post-stimulus in ADHD compared with controls, and it was normalized post-MPH. An increase of the networks' segregation occurred post-placebo at 100–400 and 400–700 ms post-stimulus, yet it was inhibited post-MPH. These global alterations resulted mainly from changes in task-relevant frontal and parietal regions. The networks of medicated ADHD subjects and controls exhibited a more significant and lasting change, relative to baseline, compared with those of nonmedicated ADHD.

Conclusions

These results suggest impaired network flexibility in ADHD, corrected by Methylphenidate

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